# ITEIP Data Management System (ITEIP DMS) Input Screens and New Output Format (view/print IFSP)

\_\_\_lf57 Completed Date\_\_\_\_

10-3-2009

Individualized Family Service Plan (IFSP) output format are a representation of what

The input screens and output format are a representation of what the ITEIP Data Management System format is and are not the actual input screens and output formats.

Washington State Infant Toddler Early Intervention Program

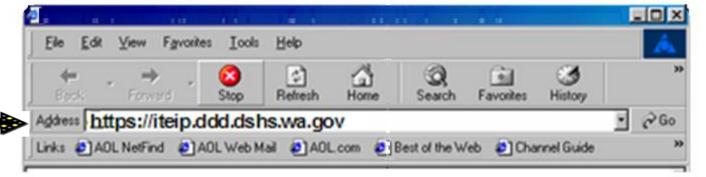


Getting into the ITEIP Data
Management
System requires:
1) Bring up
Internet Explorer or Netscape;

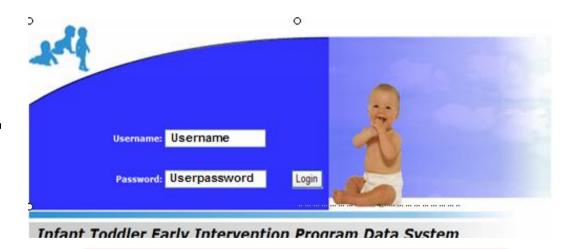
2) either type in 2 the Internet address of the ITEIP Data Management System;



ITEIP Data Management System Web address https://iteip.ddd.dshs.wa.qov



3) Type in your user name and password.



It will most likely be your **first.last** name, if not sure check with your Lead FRC or ITEIP Help Desk

It will be whatever password you have set up.

## ITEIP Data Management System Input screens, Output Format and Business Rules

This presentation includes highlights of the ITEIP Data Management System that is currently being used. It includes both input screens and output documents.

The input screens are used to type in information about the child and family. The output documents are the printed documents including the IFSP that come from the ITEIP Data Management System. The output (printed) documents will be in HTML or Word format. Also included are the business rules, designated by Business Rules, for each of the screens telling you what rules have to be followed for entering the data. The input screens are designated by Input screen in the upper left corner of the screen. The output documents are designated by Displayed/Printed output in the upper left corner of the screen.

# Optional Fields on the ITEIP Data Management System

## **ALL OTHER FIELDS ARE REQUIRED**

#### Intake Page

Contact Method

Referrer's Name

Referrer's Phone

Referrer's Phone Extension

Referrer's Phone Type

Referrer's Relation to Child

2nd Contact Name

2nd Contact Phone

2nd Contact's Relation to Child

Comments and Notes

#### Non-Data System Contacts and Team

#### **Members**

Middle Name Date of Birth

#### Child's Record - Other Information and IDS

CHIF Renewal Interval

Family Size

Family Economic Level

Mother's Education Level

Timber Dependent Family

#### Child's Record - Progress Note

Progress Note

#### Evaluation and Ongoing Assessment

Location Performed

#### Medical Information Page

Diagnosis Notes

#### Other Medical Information

Allergies

Medications

Medical Alert

#### Outcomes (New)

Progress Status (dropdown)

#### Services (New)

Progress Status (dropdown)

#### IFSP Checklist Page

Document Locations/Comments

#### Family Statement

Other Information

#### Funding Source Details

Name

Policy Number

Group Number

Notes

#### Service Funding Source Details

Amount

Funding Approval Date

Notes

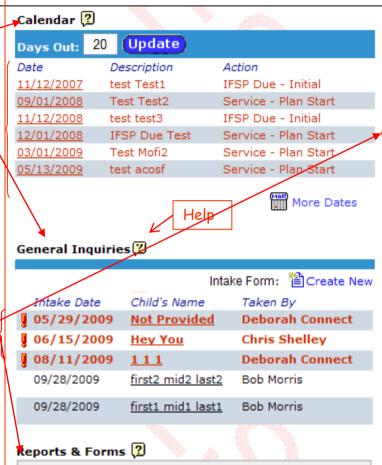
This is the ITEIP
Today page with
the ITEIP
Calendar, General
Inquiries
(Intakes),
Reports, Family
Survey Forms
(not filled in with
child/family
information by
System)

Active Children
(all children that
have not been
designated as
Inactive on the
Child Information
Page), and Other
Information which
contains user
manuals as well
as other
important
information

Link to Reports screen.

#### Definitions:

Intake (Create New)- Recording of initial call or interview information. Initial Contact Date- Date of initial call or contact. (Does NOT start 45 Day Clock)



Family Survey Form (Word)

Reports

Encuesta de Resultados de la Familia (Word)

Active Children 💈

Click on the arrow (▼ or ▼) to order the list by that column.

The ▼ arrow indicates the currently selected column.

▼ First ▼Last	<b>▼</b> Birth Date		₩	
test child4	12/04/2007	☆		
test Test1	06/06/2007	☆		
<u>Test Test2</u>	07/24/2008	☆	I	
test test3	12/13/2008	☆		

Active Child Count: 4

A star ( next to a child's name indicates that you are the FRC for that child.

The letter 'I' ( I ) next to the child's name indicates that the child has a completed IFSP.

The letter 'T' (T) next to the child's name indicates that the child has been transitioned out of the ITEIP program.

#### Other Information

Find a Child

ITEIP Web Upload

Starting Line Newsletter

Download the latest Internet Explorer Browser

Change Your Password

ITEIP Training Manual - Version 9 (Word 3.7mb)

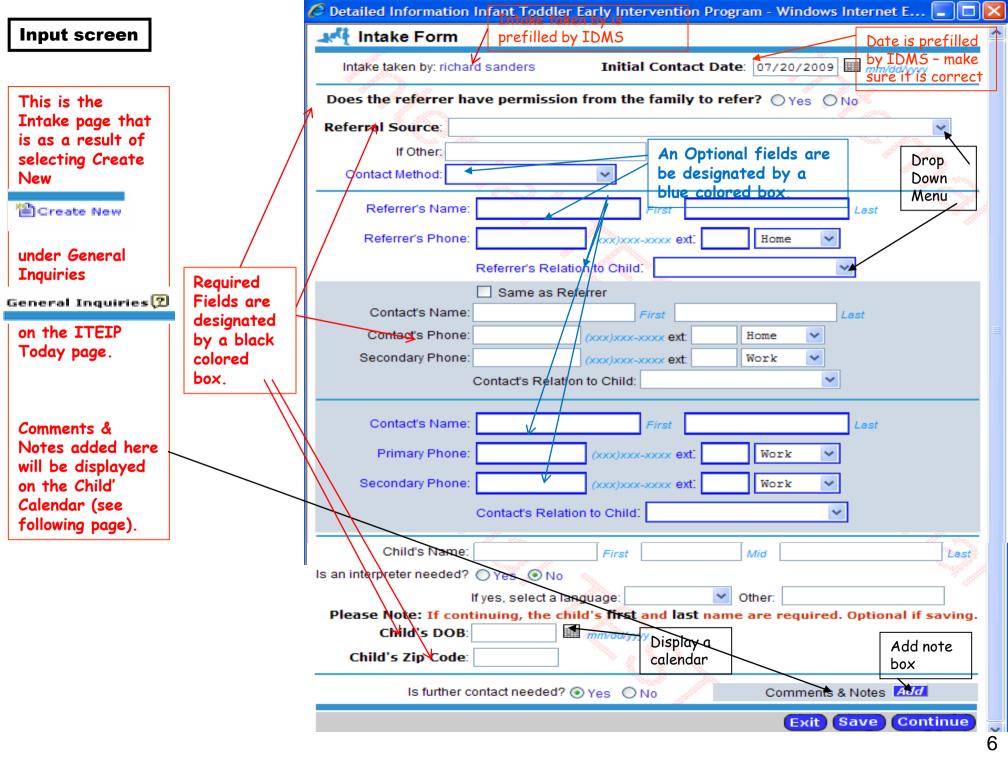
ITEIP Training Manual - Version 9 (PDF 2.4mb)

ITEIP Reports Training Manual - Versior 10 (Word 1.33mb)

ITEIP Reports Training Manual - Versior 10 (PDF 1.0mb)

To save the training manual to disk, right-click and choose "Save Target As . . . " (PC Only)

Download the free Acrobat Reader (PDF viewer)



#### 🥭 Detailed Information Infant Toddler Early Intervention Program - Windows Internet E... 🔲 🔲 🔀 **Business Rules** 🚚 Intake Form Initial Contact Date: 07/20/2009 mm/dd/www Intake taken by: richard sanders **Business Rules Required Fields:** Does the referrer have permission from the family to refer? Oyes ONo Requires information input to save/continue Referral Source · Initial Contact Date (date is prefilled by If Other An Optional fields arel Contact Method: system, but can be overwritten) be designated by a · Does the Referrer have permission... blue colored box Referrer's Name: Referral Source Referrer's Phone: · Child's DOB Referrer's Relation to Child. Same as Referrer · Child's Zip Code Contact's Name: Contact's Phone: Home Special Validation Secondary Phone: Work · Child's Name (First & Last) - required if Contact's Relation to Child: "continuing", optional if saving Contact's Name: Work Primary Phone: Required but no rules to enforce data entry Work condary Pho Contact's Name (for 1st contact) Contacks Relation to Child. · Contact's Primary Phone info (for 1st Child's Name: Last contact) Is an interpreter needed? O yes O No · Contact's Secondary Phone info (for 1st If yes, select a language: Please Note: If continuing the child's first and last name are required. Optional if saving. contact) Child's DOB: mm/dd/yyyy Contact's Relation to child (for 1st Child's Zip Code: contact) Is further contact needed? Yes No Comments & Notes Add · Is Further Contact Needed Exit Save Continue (prefilled to Yes) Other Rules: If the user checks "No" to the question "Is further contact needed" then the record is saved. The child's status is "I" and the Client Type is "I". The only way to view this child's info again is for an admin to reset the value. Checking the "Same as Referrer" box disables the 1st contact area and saves the referrer info as the contact as well. Language value can be saved, even if they indicate that no interpreter is needed. The Comments & Notes field is saved to the calendar under the event "Initial Client Contact" Names entered Contact Name field will be added to the Child's Non-Data System Contacts & Team Members page as the

If the child's birthday is entered on the Intake Form, it is populated onto the Child Information page. If Continuing the Child's DOB is entered on this page, when you start the 45 day clock, birth date entered will trigger a set of calendar

- events:
  Transition Plan Due Date
- · Initial IFSP Due Date

Primary Contact.

#### How to use the Child's Calendar



Current Child: Ash

Child's Info
Team Members
Other Info
Family's FRC
Progress Notes

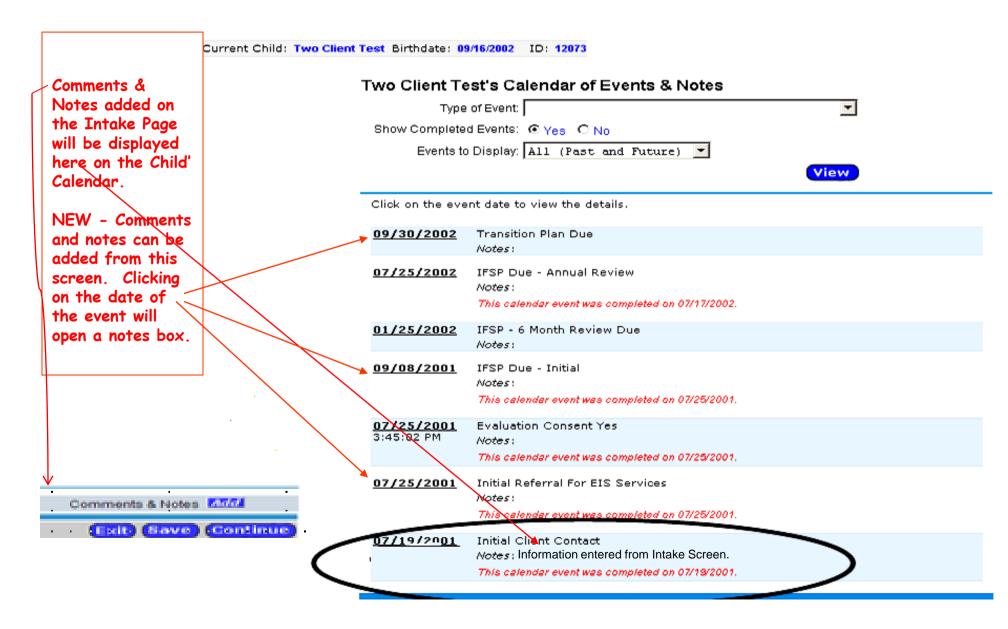
Transition Plan
Transition Child
View IFSP
Child's Calendar 
Progress Notes

The Child's Calendar can be accessed via the side menu and can be used to view all scheduled and completed events for a specific child.

You can also enter a notes that explains why a meeting had to be reschedule and consequently made late on this screen as well.



Information entered from Intake Screen.



Continuing from the Intake Page will bring you to the Child/Family Search Page which will show all possible duplicated children in the System. If you have a concern that this is possibly a duplicated child, you can find out how to contact the FRC that may also have entered this child.



#### Child/Family Search Results

Before continuing, please check the list below for possible matches to your current child. If you suspect one of the children below is a possible match for the child you are entering, please contact the child's FRC at the number listed to verify that you are not entering in a child that is already in the system.

If the child already is in the system the current FRC can transfer the child's record to you. Otherwise, press Continue to create a new record for this child, press Exit to go back to ITEIP Today, or press Back to return to the Intake Form.

Child's Name Phone DOB Service Area FRC richard sanders Test prefill 12/1/2007 ITEIP 360 725-3501

(Back)

Continue

#### Rules:

All data on this screen is filled in by the System. The entire ITEIP database is checked to see if this child has been entered previously. If a match is found. the FRC displayed must be contacted to determine if this is the same child. If it is then transfer to the new FRC.



#### Child/Family Search Results

Before continuing, please check the list below for possible matches to your current child. If you suspect one of the children below is a possible match for the child you are entering, please contact the child's FRC at the number listed to verify that you are not entering in a child that is already in the system.

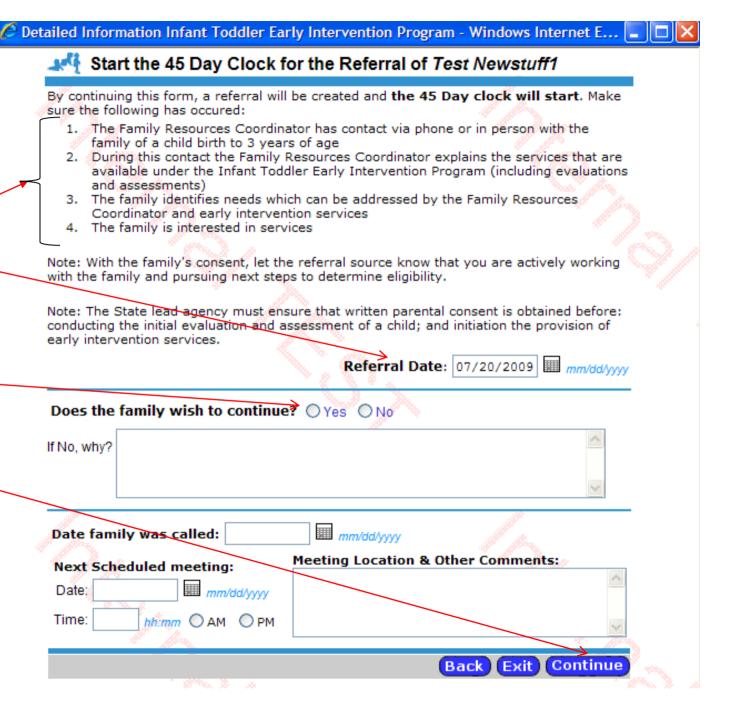
If the child already is in the system the current FRC can transfer the child's record to you. Otherwise, press Continue to create a new record for this child, press Exit to go back to ITEIP Today, or press Back to return to the Intake Form.

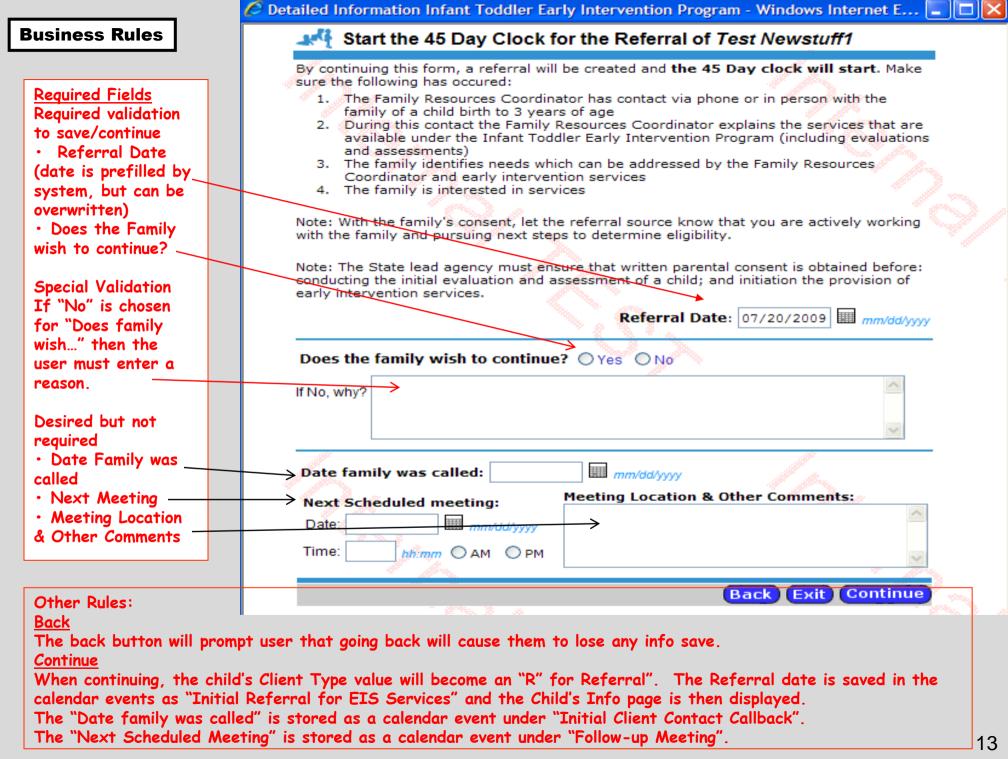
Child's Name Service Area Phone DOB FRC richard sanders Test prefill 12/1/2007 ITEIP 360 725-3501

Back Exit Continue

The screen is for entering the date that the family has given permission to continue with the initial evaluation to determine if the child is eligible for ITEIP services. It contains the parents consent agreement. The Referral Date entered is used to calculate the IFSP due date and is used to determine if the IFSP was completed on time. Does the wish to continue signifies that the family wants to continue with the eligibility/assessments.

Pressing the Continue button will save the information entered and start the 45 Day Clock.





#### Infant Toddler Early Intervention Program

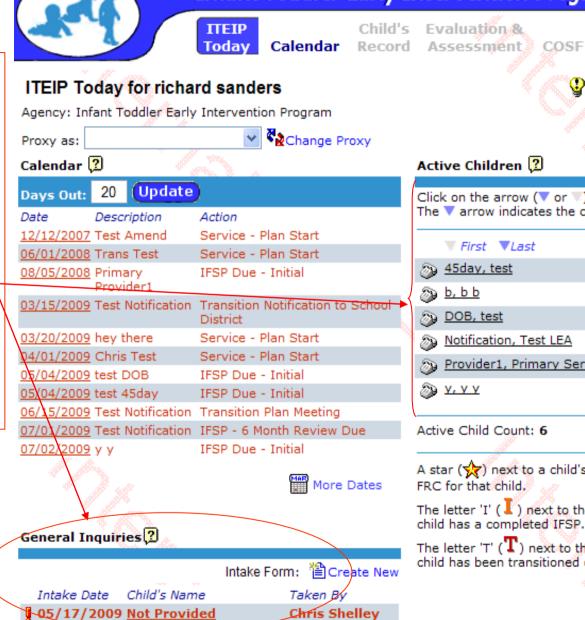


06/16/2009 Harry the Horse

Feedback TESP

The child you entered on the Intake Page will now show up here.

Once the 45 day clock has started the child will show up here.



What's New in the ITEIP Application Prequently Asked Questions \* Hide Images 🗵

Click on the arrow ( or ) to order the list by that column. The V arrow indicates the currently selected column.

V First VLast	■ Birth Date	
45day, test	03/20/2009	☆
b, b b     c     b     c     b     c     b     c     b     c    c     c	01/01/2009	*
DOB, test	12/23/2008	<b>☆</b>
Notification, Test LEA	09/15/2006	🖈 I 🌣
Provider1, Primary Service	<u>oe</u> 06/01/2008	<b>☆</b>
	12/29/2008	<b>☆</b>
	45day, test  b, b b  DOB, test  Notification, Test LEA  Provider1, Primary Service	\$\frac{45\text{day, test}}{b\text{b}}\$       03/20/2009         \$\frac{b}{b\text{b}}\$       01/01/2009         \$\frac{DOB}{test}\$       12/23/2008         \$\frac{Notification, Test LEA}{text{DEA}}\$       09/15/2006         \$\frac{Provider1}{text{Primary Service}}\$       06/01/2008

A star ( next to a child's name indicates that you are the

The letter 'I' ( ) next to the child's name indicates that the child has a completed IFSP.

The letter 'T'  $(\mathbf{T})$  next to the child's name indicates that the child has been transitioned out of the ITEIP program.

Deborah

#### Input screen - Child Information Top Half

This is the Child Information (input) page. There are fields that need to be filled in about the child's parent/quardian on this page as follows: Parent/Guardian 1 and Parent/Guardian (name. address and phone). The name, address & phone number are on the Required Field Status report and can be used to generate mailing labels. The name and phone number are used of the notification to LEA as the child approaches three.

The Parent/Guardian 1 information shown here was entered on the Intake Screen - Contact Name and Parent/Guardian was selected for relation to child.

These names and information will be filled into the Team Members page.

Infa	nt Toddler	Early Int	ervention Pr	ogram	Log Off
ITEI Toda			valuation & Assessment C	OSF IFSP	Feedback
vstuff1 Birtho	date: 12/12/2008	ID: 52601			
Child In	formation				
The second second second	Referral: 7/20/200		F::::b-:!	4:	Client ID: 52601
Referra	Source: Depaπm	ent of Correction	on Facility/local correc	tional facility	27
					Name History
Ch	nild's First Name	: Test			
C.I.	ind 3 i ii 3t ivalile	i. Test			
	Middle Name	: Not Provide	ed		
		NI			——————————————————————————————————————
	Last Name	: Newstuff1			
	Child's DOB	: 12/12/2008	mm/dd/yyyy	Gender:	<u> </u>
Parent/Gu	uardian 1		Parent/G	uardian 2	
Name:	Test	Parent	Name	:	
Address:			Address	:	
- ·				?	
City:		State:	City		State:
Zip:			Zip		
Phone:	(666) 666-6666	Ext:	Phone	:	Ext:
	Phone Type: Hom	e 🗸		Phone Type:	~
100 mg/s	7				

#### **Displayed/Printed output**

Child's Name: little sss IFSP Type: Annual Review IFSP Completed Date: 11/29/2005 This is what Date of this IFSP: 11/29/2005 Next 6 month's Review Due Date: 5/29/2006 Next Annual Due Date: 11/29/2006 the Child's Information page will look Child's Information like when Date of Print IFSP is little sss Child's Name: 03/23/2004 Gende F Birth: selected. Parent/Guardian 1: ddd gggg sdff SAGwe New to the Parent/Guardian 2: Child's asdadjoji Address: Address: **FFS Information** Olympia WA 99999 SAFSF, WA 9999999999 page are: / Contact Phene: Contact Phone: Child's Name: (444)444-4444 3333333 Home IFSP Type; Living With: Phone: (222) 000-3333 Type: Home Guardian Date of this Child's Address: IFSP. City/State/County/Zip: olympia, Thurston County, WA 99999 Next 6 mos. Child Race/Ethnieity: Multi-Racial Is an Interpreter Needed? Nο Review Date: Language: Infant Toddler Early Next Annual FRC Name: FRC Work Phone: (555)555-5555 Richard Sanders FRC Agency: Due Date: Intervention Program Parent/Guardi Resident School District: Olympia School District Enrolled School District: Not Enrolled an1 and 2 Surrogate Parent Needed? information; Children w/ Special Health Referrer's Referral FRC Check On Referral Date: 10/31/2005 Source: Care Needs Nurse Name: information: and Medical Medical Alert: Alert.

This page will be displayed when selecting Print IFSP (Checking this box will on the View/Print IFSP page. Display/Print the IFSP)

#### **Displayed/Printed output**

Child's Name: <u>little sss</u> IFSP Ty			Type: Annual Review IFSF			P Completed Date: <u>11/29/2005</u>						
Date of this IFSP:	11/29/2005	Next 6 month's Review			Date:	5/29/2006	5/29/2006		nnual Due Date:		11/29/2006	
				Child's	s Info	rmation						
Child's Name: little sss						Date of Birth:			Gender: ∪			
Parent/Guardian 1:	ddd gggg	ddd 9999			Parent/Guardian 2: sdff 5			AGwe				
Address:	asdadjojt Olympia,	dadjojf ympia, WA 99999		Addre	Address:		FFS SAFSF,	FFS SAFSF, WA 999999999				
Contact Phone:					Contact Phone: (444			1)444-4444 3333333 Home				
Living With: Guardian			Phone: (222) 000-3333 Type: Home									
Child's Address:	d's Address: 234											
City/State/County/Zip: olympia, Thurston County, WA 99			999									
Child Race/Ethnicity: Multi-Racial			Language:		Is an Ir	Interpreter Needed? No			)			
FRC Name:		Richard Sanders FRO		C Work Phone: (555)555-55		555	FRC Agency:		Infant Toddler Early Intervention Program			
Resident School District: Olympia School District			Enrolled School District: Not Enroll		led							
Surrogate Parent Need	ded?											
Referral Date:		110/31/2005 1			Children w/ Special Health Care Needs Nurse		Alth Referrer's Check On Name:		k On			
Medical Alert:		I										

#### Definitions:

Child Information Page- Contains all the contact, demographic, referral and medical alert information about the child.

Parent/Guardian1 & 2 (Section III-9 of Washington State's Federal Application) - means a natural/biological or adoptive parent of a child, a guardian, a person acting in the place of a parent (such as a grandparent or step-parent with whom the child lives, or a person who is legally responsible for the child's welfare), or surrogate parent who has been assigned. A foster parent may act as a parent if:

- 1. The natural/biological parents' authority to make early intervention decisions required of parents on the child's behalf has been relinquished under state law/court order.
- 2. The foster parent has an ongoing long-term parental relationship with the child.
- 3. The foster parent is willing to participate in making early intervention or educational decisions on the child's behalf. And
- 4. The foster parent has no interest that would conflict with the interests of the child

Primary Contact Phone - The phone number to contact the primary Parent/Guardian

Resident School District- This is the school district that the child physically lives in.

Enrolled School District: If the child is enrolled in a school district, serving birth to three, enter the school district. If the child has not been enrolled, enter "Not Enrolled".

Referral Date-The date the 45 Day Clock starts.

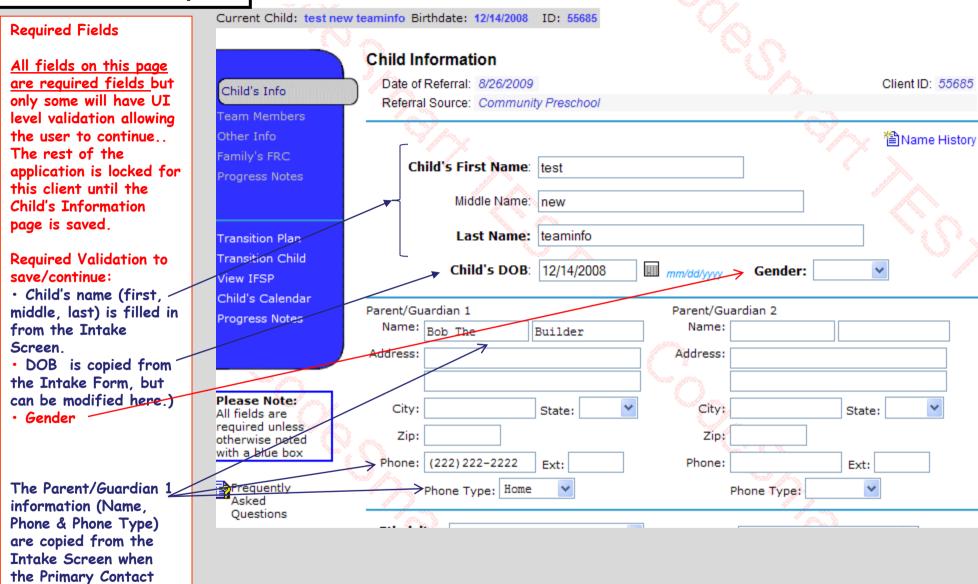
Referral Source- The original agency or person who referred the parents). This maybe the parent.

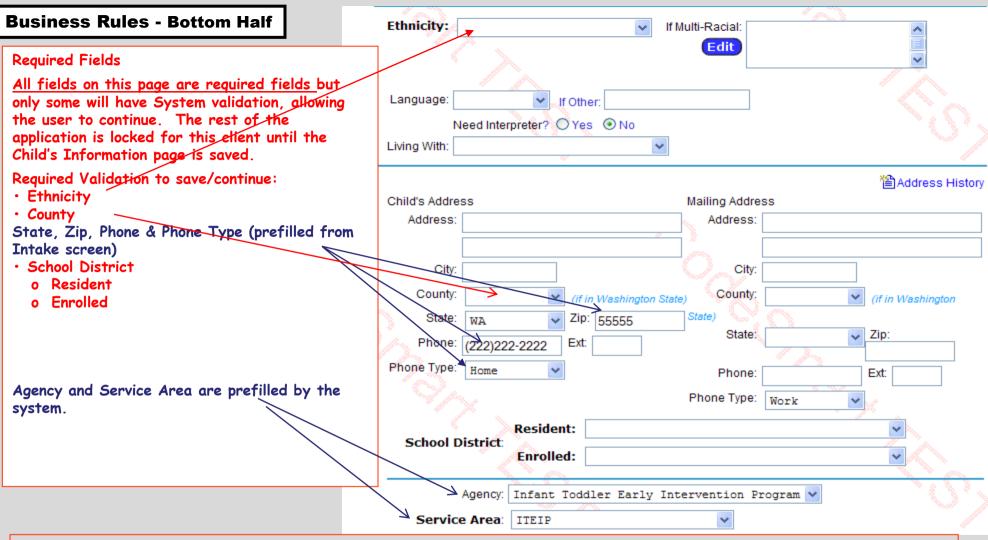
Medical Alert- Any information regarding the child's health that the FRC and other team member should be aware of, such as, allergic to bee sting.

#### **Business Rules - Top Half**

name has been filled

in.



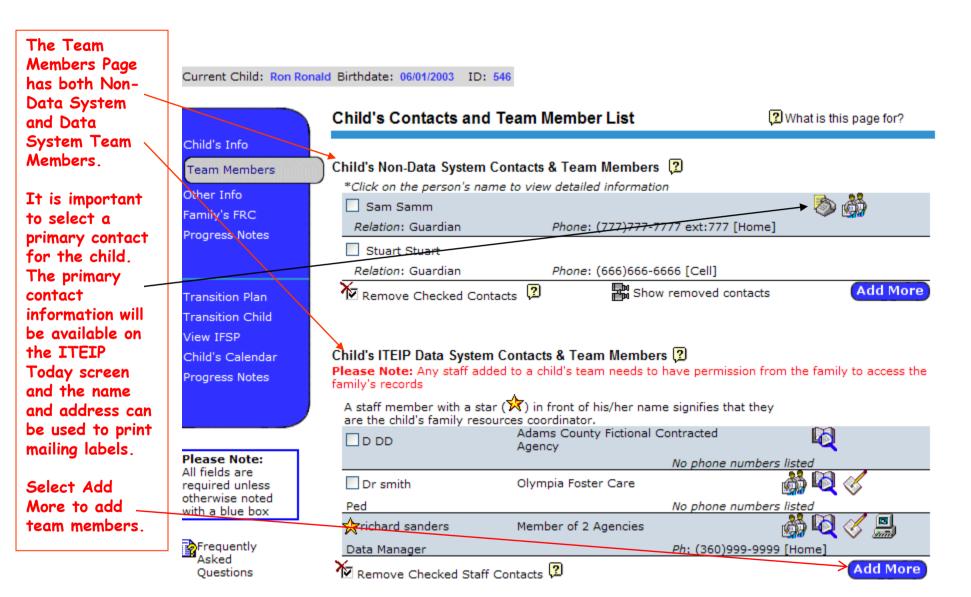


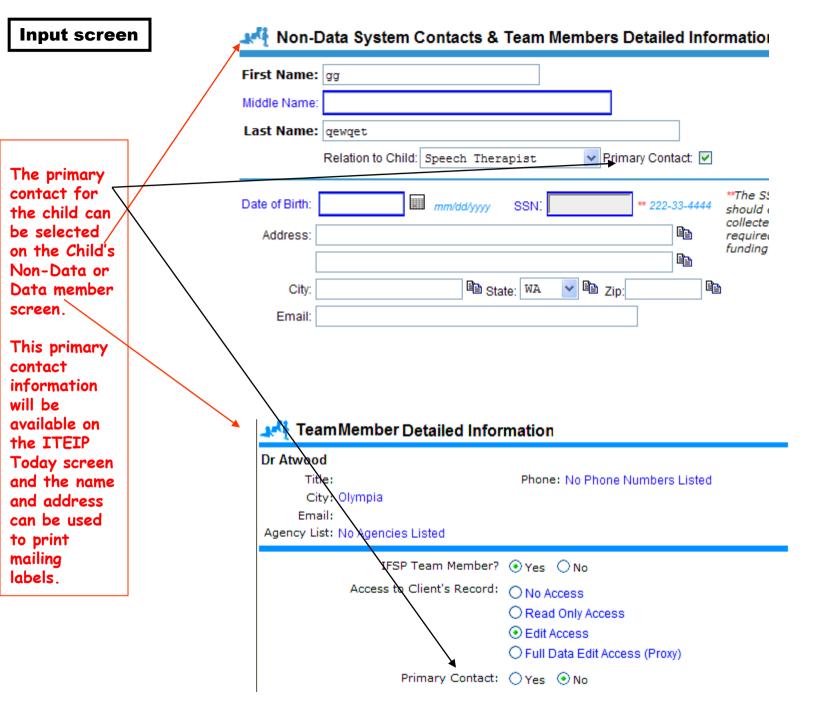
#### Other Rules:

Ethnicity - If the user chooses "Multi-racial" for ethnicity, a window opens allowing them to check off a set list of ethnicities. When closed, it populates the text box. The user can then edit the data in the text box.

Clicking the Continue button saves the data and takes the user to the Team Members page. When the data is saved, if the birth date was not entered on the Intake Form, the birth date entered on this screen will trigger a set of calendar events:

- · Transition Plan Due Date
- · Initial IFSP Due Date





By clicking the save button, the staff member will be saved as a contact for the current client.

Primary Contact: O Yes O No

Access to Client's Record: No Access
O Read Only Access
O Edit Access
O Full Data Edit Access (Proxy)

#### <Exit> <Save>

#### Definitions:

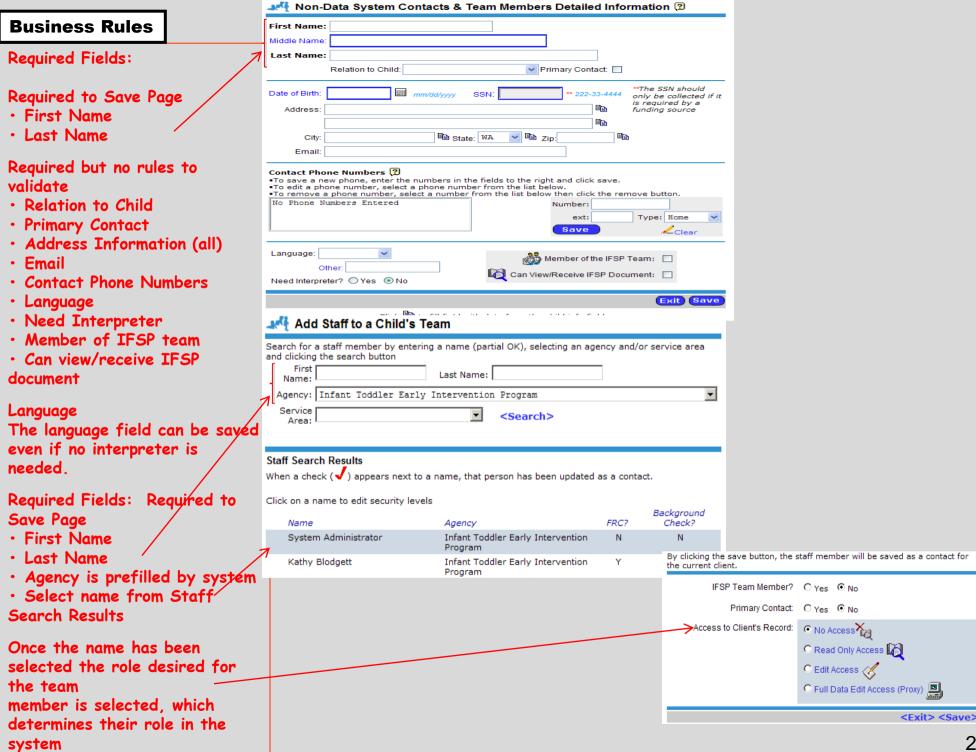
**Team Member Detailed Information**-The team member or person designated can have several roles depending on how the family wants them involved, as follows:

<u>No Access</u> - the team member or person designated cannot access the ITEIP Data Management System to review or update the family's information.

Read Only Access- the team member or person designated can read the family's information, but cannot update any of the information

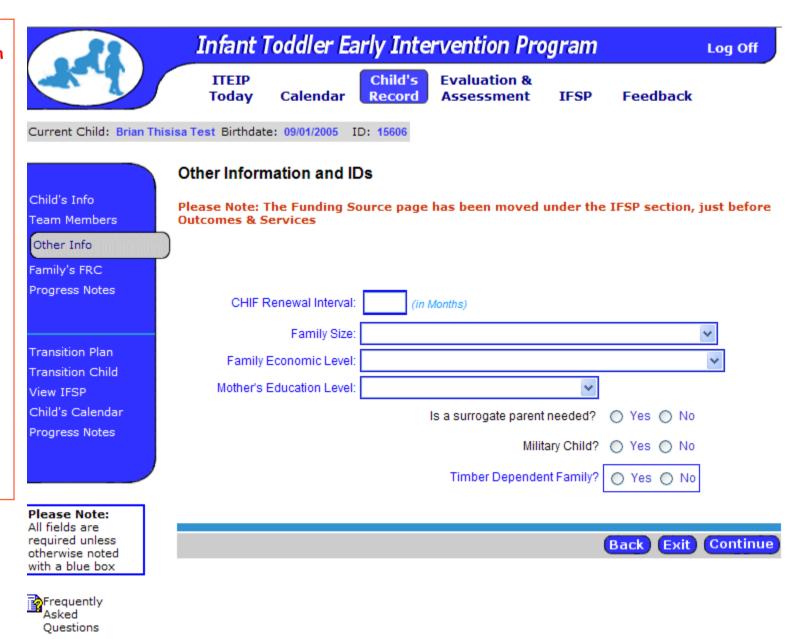
<u>Edit Access</u>- this person can read the family information and can update Initial Evaluation information, Present Levels of Development Based on Child's Ongoing Assessments information, Ongoing Assessment and Medical Information about the child.

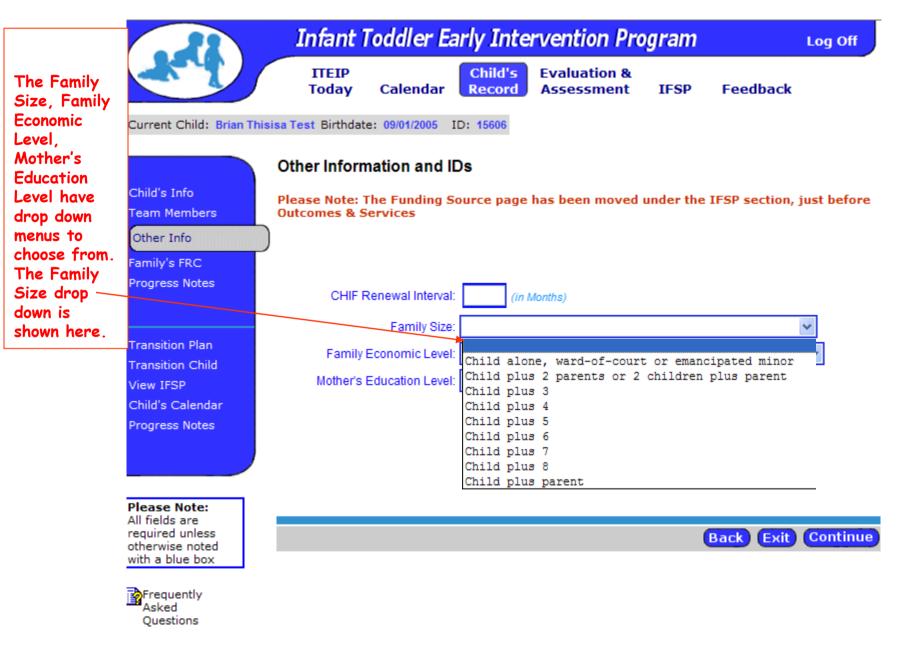
Full Data Edit Access (Proxy)- this person can read and update all family information.

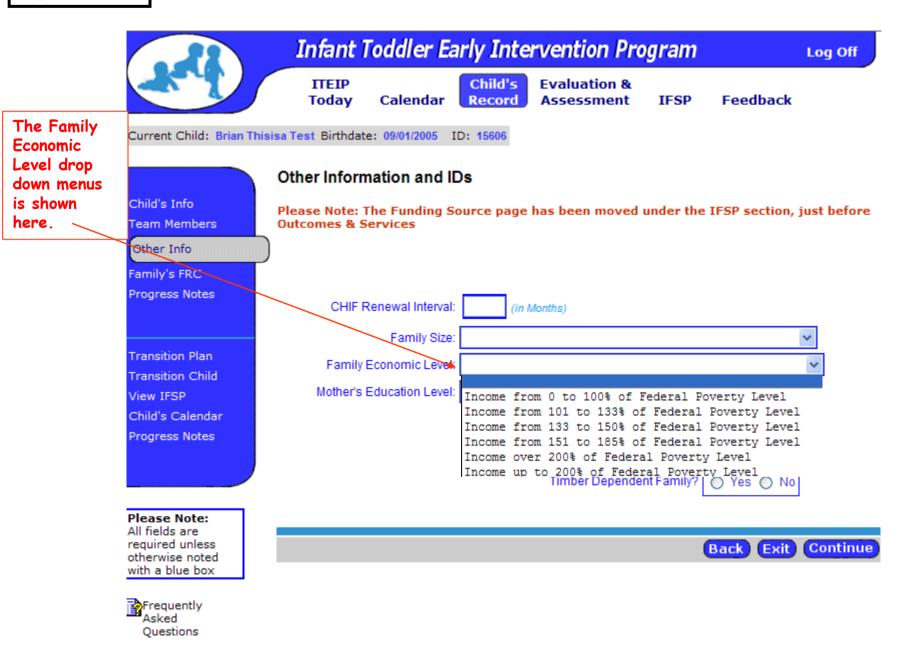


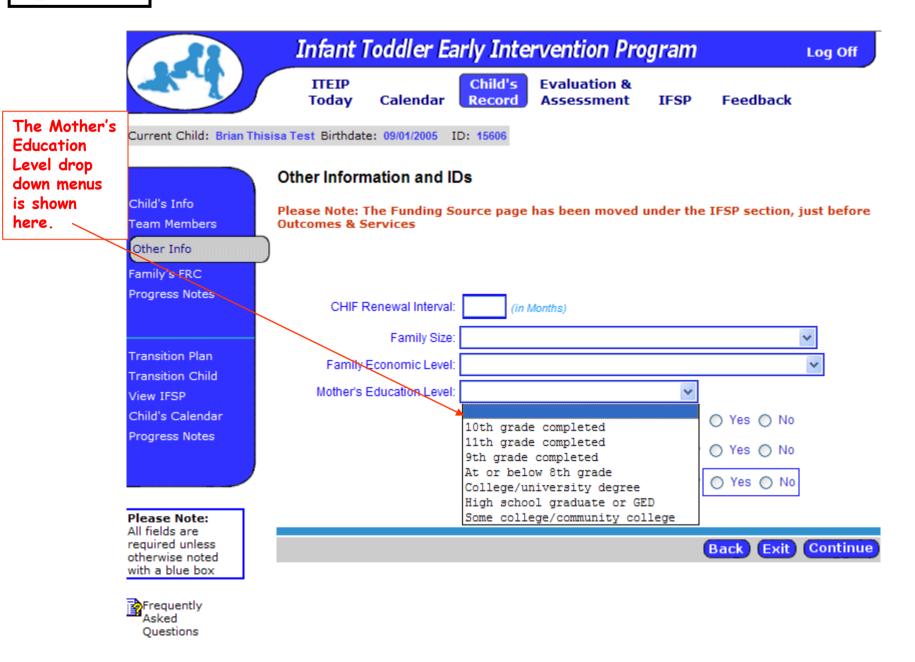
This is the child's Other Information screen It has the following optional fields: SSN, CHIF Renewal Interval. Family Size. Family Economic Level, Mother's **Education Level** and Timber Dependent Family. It also has the following required fields (if applicable): Is a surrogate parent needed, and Military Child.

There are no business rules on this page.









#### **Displayed/Printed output**

These Other Information fields are printed on the Funding Sources and Other Information page.

Funding Sources & Other Information					
Funding Sources					
Charitable Contributions - Organizations & Private	CHIF ID: N				
Medicaid (Healthy Options)	CHIF ID: T				

#### Other Information

Family Size: <u>Child plus 2 parents or 2 children plus parent</u> Economic Level: <u>Income from 101 to 133% of Federal Poverty Level</u>

Mother's Education Level: <u>High school graduate or GED</u> CHIF Renewal Interval: <u>12</u> Military Child? <u>No</u>

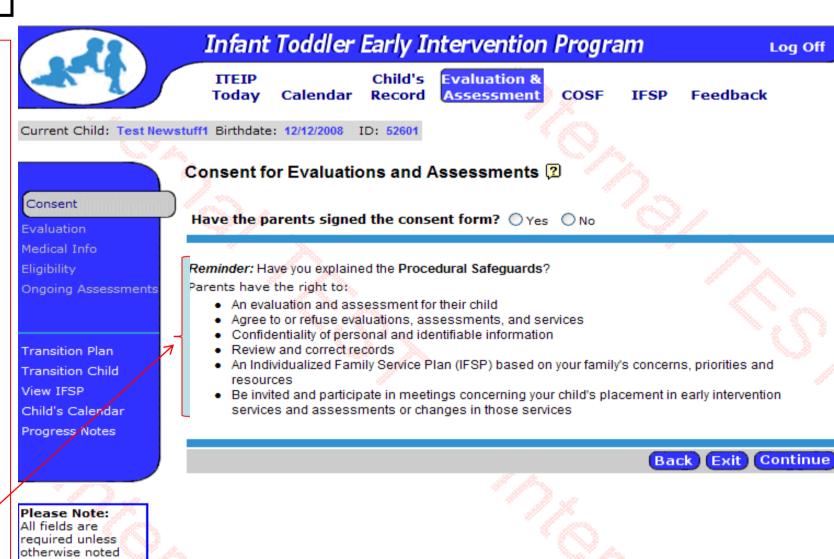
Surrogate Parent Needed? <u>No</u> Timber Dependent Family? <u>No</u>

The next series of screens include: family Consent to evaluate, the **Evaluation to** determine eligibility, Medical Information, **ITEIP** Eligibility and **Ongoing Assessments** (Present Levels of Development based on the Child's Ongoing Assessments).

You must make sure the parents have a copy of the Procedural Safeguards and if they want to continue, select Yes.

with a blue box

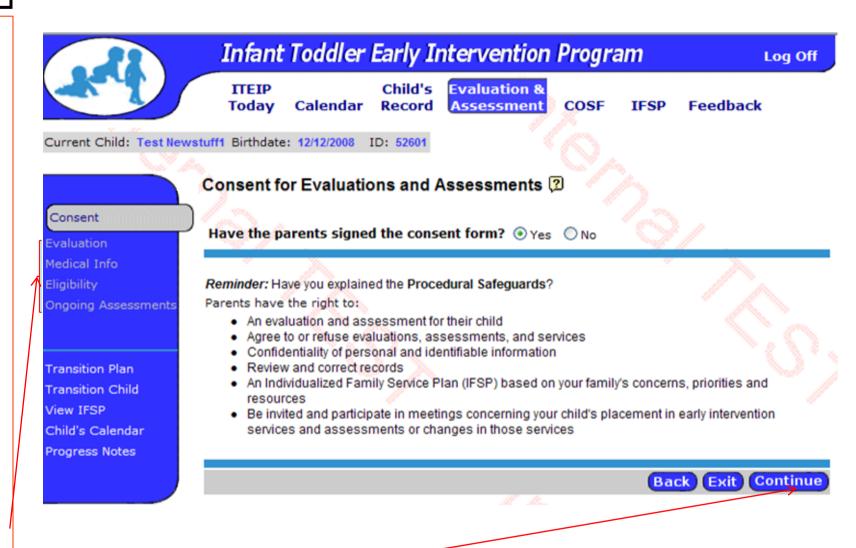
Frequently Asked Questions



The first screen is the Consent for Evaluations and Assessments.

The Consent page is the first step in the evaluation and assessment process. You must obtain permission from the parents before continuing on. Click the Yes option when consent has been given and then click the Continue button to proceed.

The side menu is partially blocked until the Yes box has been checked and Continue is selected.



The screen will look like this after selecting Yes.



### Infant Toddler Early Intervention Program

Log Off

Today

Child's Calendar Record **Evaluation &** Assessment

COSE

**IFSP** 

Feedback

Current Child: Test Newstuff1 Birthdate: 12/12/2008 ID: 52601

#### Consent for Evaluations and Assessments 2

Consent

Evaluation

Medical Info Eligibility

Ongoing Assessments

Transition Plan Transition Child View IFSP Child's Calendar Progress Notes

The parents have signed the Consent form.

Reminder: Have you explained the Procedural Safeguards?

Parents have the right to:

- An evaluation and assessment for their child
- Agree to or refuse evaluations, assessments, and services
- Confidentiality of personal and identifiable information
- Review and correct records
- An Individualized Family Service Plan (IFSP) based on your family's concerns, priorities and
- Be invited and participate in meetings concerning your child's placement in early intervention services and assessments or changes in those services

Back Exit Continue

Please Note:

All fields are required unless otherwise noted with a blue box

Frequently Asked Questions

#### **Business Rules**

In order to continue to the Evaluations & Assessments section, the user MUST answer "Yes" to "Have the parents signed the consent form?" If they answer "No", they can save the page but will not be able to continue A note will pop up explaining that they must have parent consent to go forward.

Once "Yes" is chosen and the page is saved, the user cannot change back to "No"



Transition Child View IFSP Child's Calendar Progress Notes

services and assessments or changes in those services

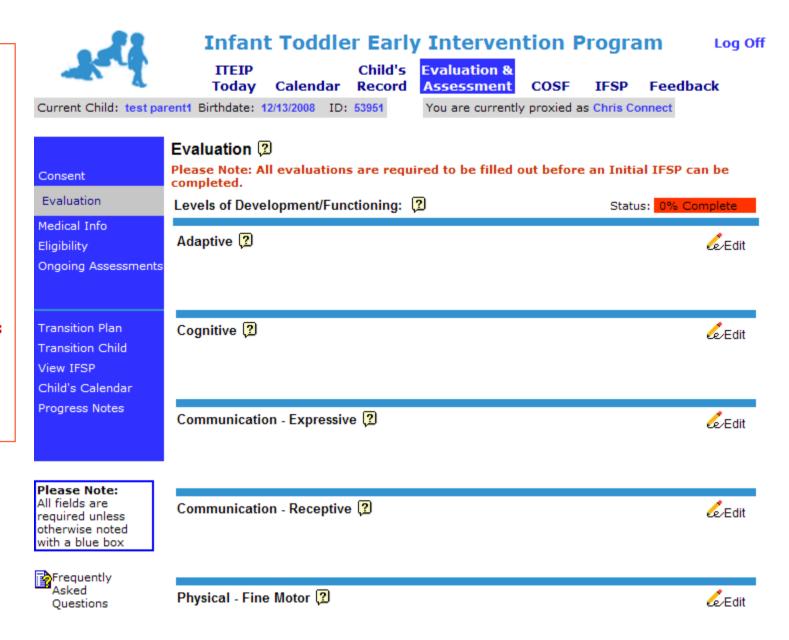
. Be invited and participate in meetings concerning your child's placement in early intervention



Back Exit Continue

resources

Next is the initial evaluation to establish eligibility screens. This is the initial evaluation screen when first accessed This screen will capture the evaluation/ass essment scores that will be used to establish eligibility.



All Levels of Infant Toddler Early Intervention Program Development/ Log Off **Functioning Evaluation & ITFIP** Child's must be filled COSF Today Calendar Feedback Record Assessment IFSP in The Status box Current Child: Test Newstuff1 Birthdate: 12/12/2008 ID: 52601 must be at 100% before Evaluation 🗵 an IFSP can Please Note: All evaluations are required to be filled out before an Initial IFSP can be be completed. Consent completed. Evaluation Levels of Development/Functioning: 2 Status: 10% Complete Medical Info Adaptive 2 **€**∠Edit Eligibility Ongoing Assessments Procedure/Tool Used: Tool Selected from dropdown list Administered By: asfa sdgs Date Performed: 7/21/2009 Location Performed: Current Developmental Age: Not Entered Delay Percentage: 30% Transition Plan Standard Deviation: Not Entered Transition Child View VFSP Present Level of Development: Child's Calendar dhzdh zeryzer zerzery Progress Notes Recommendation: reytery ewrytewr ewryer Cognitive 2 **€**Ædit This IFSP is complete: (All required IFSP information has been filled in)

has been filled in)

#### Infant Toddler Early Intervention Program

Log Off

**ITEIP** 

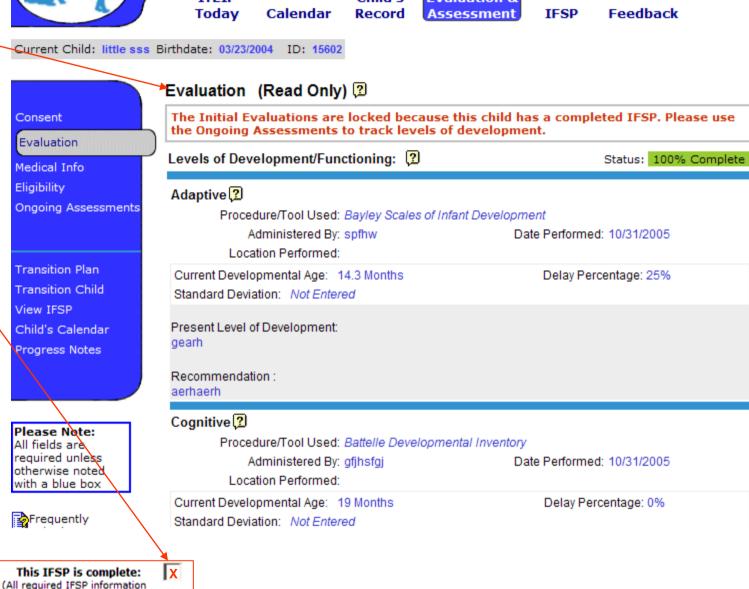
Calendar

Child's

**Evaluation &** 

This page will be "locked" and is not changeable after the IFSP is complete box has been checked on the IFSP Checklist

Page.



Fed. Regulations state that
States are required to ensure
that informed clinical opinion is
used in determining a child's
eligibility. Informed clinical
opinion is especially important if
there are no standardized
measures, or if the standardized
procedures are not appropriate
for a given age or developmental
area. See following slide to see
how to enter information when
using Informed Clinical Opinion.

If a given standardized procedure is considered to be appropriate, Delay Percentage or Standard Deviation need to be entered.

The Initial Evaluations are locked because this child has a completed IFSP. Please use the Ongoing Assessments to track levels of development.

Levels of Development/Functioning: ② Status: 100% Complete

Adaptive ②

Procedure/Tool Used: Bayley Scales of Infant Development
Administered By: spfhw Date Performed: 10/31/2005
Location Performed:

Current Developmental Age: 14.3 Months Delay Percentage: 25%
Standard Deviation: Not Entered

Present Level of Development: gearh

Recommendation:

#### Definitions:

**Evaluation-Levels of Functioning**- An evaluation will look at your child's development. The evaluation is done with you, your child and early intervention professionals. Evaluation looks at these areas of development:

Domain- The Domain or areas of development being evaluated, i.e. Adaptive, Gross Motor, etc.

Current Development Age- is optional and can be the results by developmental age from the procedure or tool used by the qualified early intervention professionals.

**Delay Percentage**- Level of Delay in Percent. Delay percent is auto calculated based on the child's developmental age in months divided by the actual age in months at the time of the evaluation.

**Standard Deviation**- results from the evaluation by early intervention professional's procedure or tools that use a standard deviation score. Resulting values are between -5.0 and +5.0

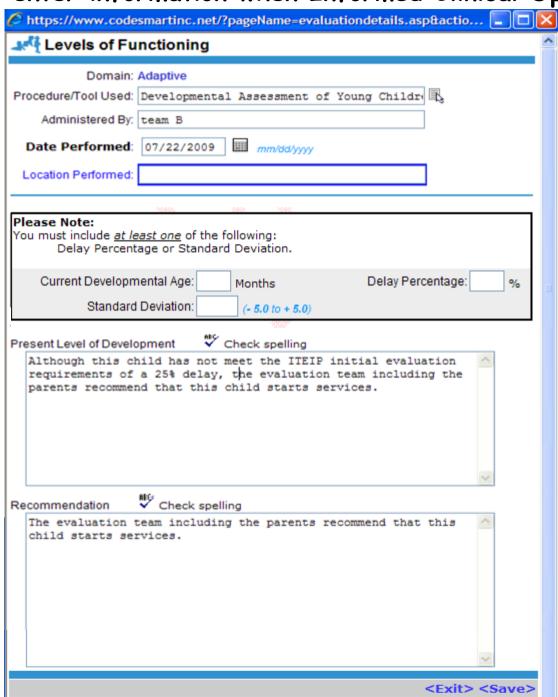
Present Levels of Development- a narrative of the Level of Development of the Child.

Recommendations-Suggestions for the child based on the evaluation.

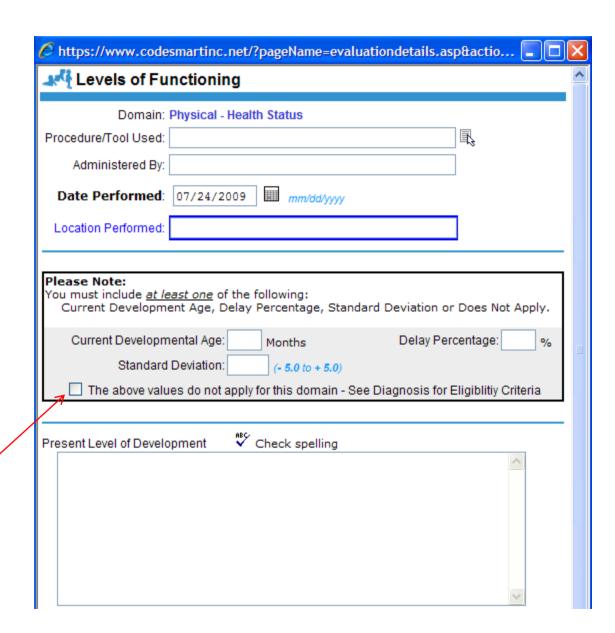
aerhaerh

# How to enter information when Informed Clinical Opinion is used

Fed. Regulations state that
States are required to ensure
that informed clinical opinion is
used in determining a child's
eligibility. Informed clinical
opinion is especially important if
there are no standardized
measures, or if the standardized
procedures are not appropriate
for a given age or developmental
area.



All Levels of **Functioning** screens must be filled in and are the same except for Physical -Health Status. Physical - Hearing and Physical -Vision These screens do not require that Current Development Age, Delay Percentage or Standard Deviation entries, but do require that the "The above values do not apply for this domain - See Diagnosis for Eligibility Criteria" box is checked.



# Physical - Health Status 2

Procedure/Tool Used:

Administered By:

Date Performed:

Location Performed:

Current Developmental Age, Delay Percentage & Standard Deviation do not apply to this domain. Please see Medical Information for eligibility status in this area.

Present Level of Development:

Recommendation:

Definitions: For Physical - Health Status, Physical - Hearing and Physical - Vision

Does not apply See Medical Diagnosis - Health Status, Hearing and Vision areas of development are not evaluated in a way that yields the test scores that can be presented in Current Development Age, Delay Percentage or Standard Deviation, so the testing results must be recorded on the Medical Information Page. Check this box when there is no information to be entered here. The testing results are to be entered into the Medical Diagnosis Page. Current Health Status- An evaluation will look at your child's development. The evaluation is done with you, your child and early intervention professionals. Evaluation looks at these areas of development:

Recommendations-Suggestions for the child based on the evaluation.

NOTE: Current Development Age, Delay Percentage or Standard Deviation entry boxes are not available. If scores need to be entered use the Medical Information Page.

### **Displayed/Printed output**

Initial Evaluation

Child's Name: little sss

This is the Initial Evaluations (Completed to establish eligibility) printed Initial Adaptive The ability to develop and exhibit age appropriate self-help skills, including but not limited to feeding, toileting, **Evaluations** personal hygiene, dressing and play skills. and is used Procedure Tool: Bayley Scales of Infant Development Administered By: spfhw to display the Date Performed: 10/31/2005 Location Performed: information that makes Current Development Delay Standard 25% 14.3 months Deviation: Percentage: Age: the child Present Level of Development: eligible for gearh ITEIP Recommendations: services. aerhaerh These definitions Cognitive The ability to solve problems, play, understand, remember, perceive and make sense out of experiences and and examples information. will be Battelle Developmental Inventory Procedure Tool: Administered By: gf jhsfg j included in Date Performed: 10/31/2005 Location Performed: FRC Training. Current Development Standard Delay the ITFIP 19 months 0% Age: Percentage: Deviation: Data Present Level of Development: Management sfjstdyjktdsky System Recommendations: Training and rtsjutsykjt in Help Boxes on ITEIP Communication - Expressive The ability to express wants, ideas and opinions through gestures, vocalization, signs, and/or words. Data Procedure Tool: Battelle Developmental Inventory Administered By: gfjhsfgj Management Location Performed: Date Performed: 10/31/2005 System Current Development Delay Standard

IFSP Type: Annual Review

IFSP Completed Date: 12/05/2005

For additional information about ITEIP please access the ITEIP Web Site - http://www.dshs.wa.gov/iteip

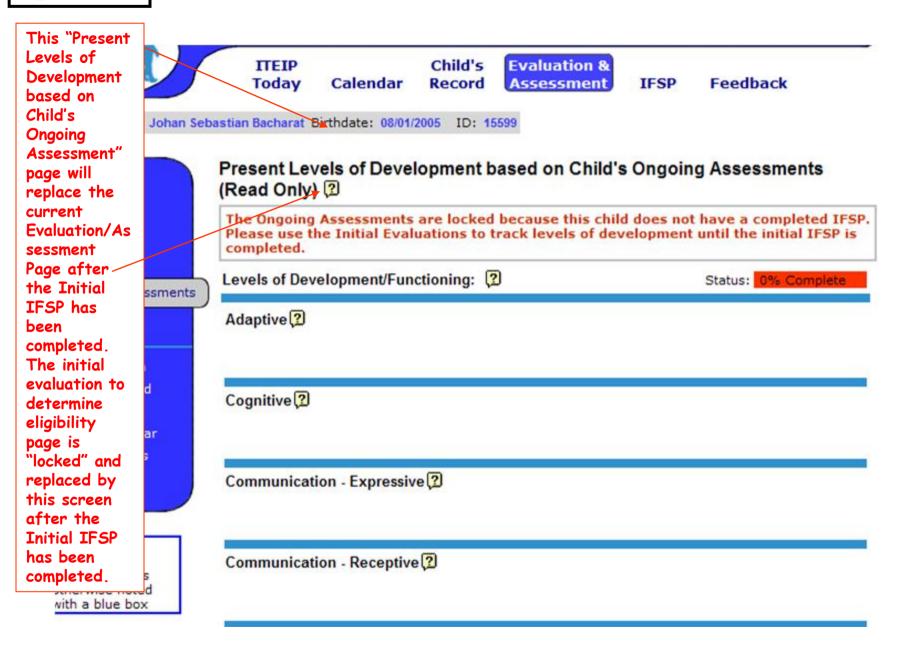
Child's Name	IFSP Completed Date
Olling O Hamo	n or combinion and

### **Displayed/Printed output**

Physical - Health Status	Overall health/physical	l condition		
Procedure Tool:	Battelle Development	al Inventory	Administered By:	gfjhsfgj
Date Performed:	10/31/2005	Location Performed:		
	Present Level of Deve	lopment:		
	Recommendations:			
Physical - Hearing	Current hearing status			
Procedure Tool:	Battelle Development	al Inventory	Administered By:	gfjhsfgj
Date Performed:	10/31/2005	Location Performed:		
	Present Level of Deve	lopment:		
	Recommendations:			
Physical - Vision	Current vision status			
Procedure Tool:	Battelle Development	al Inventory	Administered By:	gfjhsfgj
Date Performed:	10/31/2005	Location Performed:		
	Present Level of Deve	lopment:		
	Recommendations:			

#### Definitions:

Current Development Age, Delay Percentage and/or Standard Deviation do not apply to this domain. Please see Medical Information for eligibility status in this area. - This statement is as a result of checking the is Does not apply See Medical Diagnosis on the Initial Evaluation or the Present Levels of Development Based on Child's Ongoing Assessments pages.



This is the "Present Levels of Development based on Child's Ongoing Assessment" page

New testing scores can be entered or a narrative for the Domain can be entered. In either case, Recommendations will be entered here.

NOTE: All of your current Assessments
Notes will be added to Progress
Notes and all new Assessments must be entered on these Present Levels of Development based on Child's Ongoing Assessments pages.



# Physical - Health Status 2

Procedure/Tool Used:

Administered By:

Date Performed:

Location Performed:

Current Developmental Age, Delay Percentage & Standard Deviation do not apply to this domain. Please see Medical Information for eligibility status in this area.

Present Level of Development:

Recommendation:

Definitions: For Physical - Health Status, Physical - Hearing and Physical - Vision

Does not apply See Medical Diagnosis - Health Status, Hearing and Vision areas of development are not evaluated in a way that yields the test scores that can be presented in Current Development Age, Delay Percentage or Standard Deviation, so the testing results must be recorded on the Medical Information Page. Check this box when there is no information to be entered here. The testing results are to be entered into the Medical Diagnosis Page. Current Health Status- An evaluation will look at your child's development. The evaluation is done with you, your child and early intervention professionals. Evaluation looks at these areas of development:

Recommendations-Suggestions for the child based on the evaluation.

NOTE: Current Development Age, Delay Percentage or Standard Deviation entry boxes are not available. If scores need to be entered use the Medical Information Page.

## **Displayed/Printed output**

This is the printed pages when Ongoing Assessments—is selected on the View/Print IFSP page.

Child's Name	: <u>little sss</u>	IFSP Type: <u>Annual Review</u>			IFSP Completed Date:			te: <u>12/05/2005</u>	
	P	resent Levels of Dev	elopment Based on C	hild	l's Ongoing Ass	essm	ents		
daptive		The ability to develop a personal hygiene, dres	and exhibit age appropri sing and play skills.	ate s	elf-help skills, inc	luding	but not	limited to feeding,	toileting,
	Procedure Tool:	Bayley Scales of Infa	nt Development		Administered B	y:	zsdgs		
	Date Performed:	02/28/2006	Location Performed:						
		Current Development Age:	17.3 months	- 1	Delay Percentage:	25	%	Standard Deviation:	
		Present Level of Devel	opment:						
		Recommendations:							
Cognitive		The ability to solve pro- information.	blems, play, understand	, rem	nember, perceive	and n	nake se	nse out of experien	ces and
	Procedure Tool:				Administered B	y:			
	Nate Performed		Location Performed						

This page will be displayed by selecting on the View/Print IFSP page.

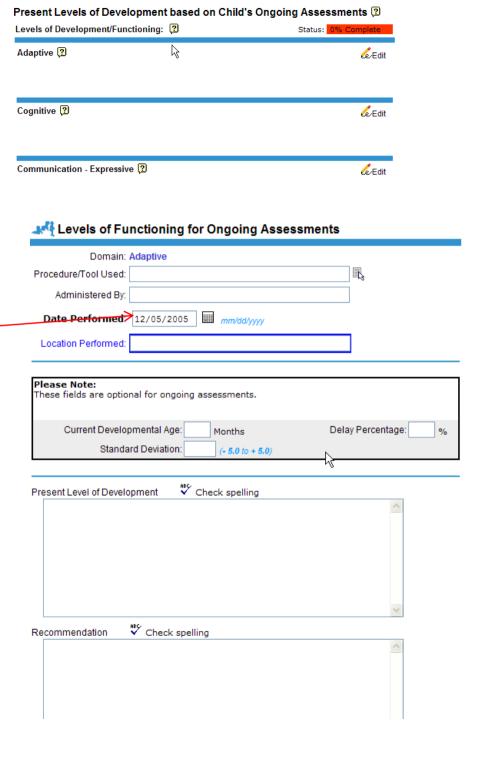
Ongoing Assessments

#### Required Fields Business rules with validation Required

• Date Performed (this date is prefilled with the current date which can be overwritten)

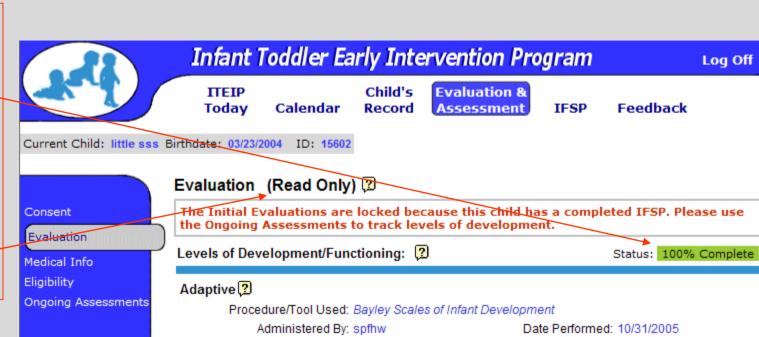
#### Not required i

- · Procedure/Tool Used
- Administered By
- · Current Developmental Age
- · Delay Percentage
- Standard Deviation
- · Present Levels of Development
- Recommendations



This is a read-only display page. The % Complete (Status) is based on the total number of evaluations completed.

Once the initial IFSP is completed (completion date entered), the Initial evaluations cannot be changes. They can only be viewed (Read Only).



Transition Plan Transition Child

View IFSP

Child's Calendar

Progress Notes

Present Level of Development:

Standard Deviation: Not Entered

Location Performed:

Current Developmental Age: 14.3 Months

gearh

Recommendation:

aerhaerh

Please Note:

All fields are required unless otherwise noted with a blue box

Cognitive 2

Procedure/Tool Used: Battelle Developmental Inventory

Administered By: qfjhsfqj Date Performed: 10/31/2005

Location Performed:

Current Developmental Age: 19 Months Delay Percentage: 0%

Standard Deviation: Not Entered

Loa Off

Delay Percentage: 25%

#### Required Fields

All fields are required except for "Location Performed".

#### Required UI Validation

- · Date Performed
- · Must enter at least one of:
  - o Delay Percentage
  - o Standard Deviation

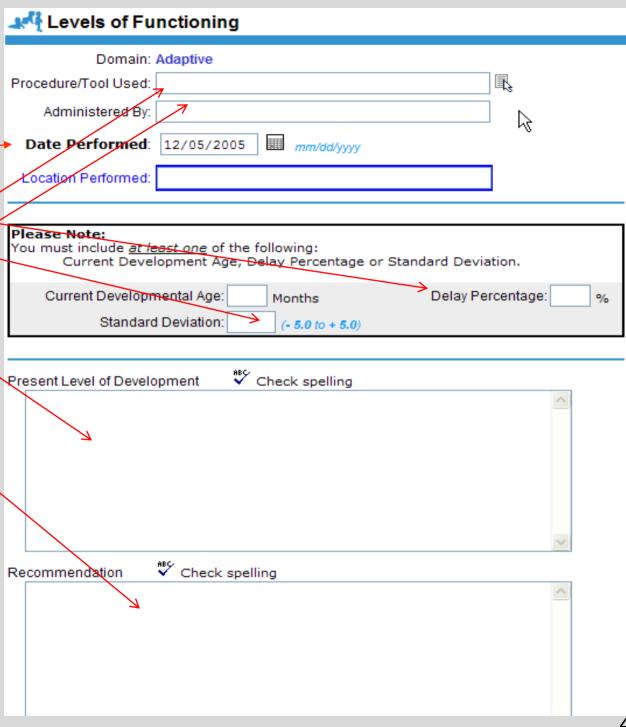
#### Required with no system validation

- Procedure/Tool Used
- · Administered By
- · Present Level of Development
- Recommendations

Note: the user can change adjust a value up until the IFSP is completed

#### Procedure/Tool Used

The Procedure/Tool Used field is editable but also has attached a list of standard tools that can be inserted into the field. The user can change the field. If a Procedure/Tool was saved on a previous evaluation (current session only), the tool will be pre-filled for the user.



Next is the Medical Info screen where vou can record all of the child's diagnoses as well as allergies, medications and medical alert information that is important for service providers to know about.



# Infant Toddler Early Intervention Program

Loa Off

Add New

**ITFIP** Today

Child's Calendar Record Evaluation & Assessment

Feedback COSE **IFSP** 

Current Child: Test Newstuff1 Birthdate: 12/12/2008 ID: 52601

#### Medical Information 2

Consent

Evaluation

Medical Info

Eligibility

Ongoing Assessments

Transition Plan Transition Child

View IFSP

Child's Calendar

Progress Notes

Diagnosis 2

Please Note: Medical diagnosis are required to complete an IFSP. If the child has no medical diagnosis you must still create a diagnosis and choose "The child has no diagnosis" from the diagnosis list. To choose "The child has no diagnosis" you cannot have any active diagnosis.

Make Checked Diagnosis InActive



Other Information 2

Allergies:

Medications:

Medical Alert:

Back Exit Continue

#### Please Note:

All fields are required unless otherwise noted with a blue box

Frequently Asked Ouestions

This is the screen that appears when the Add New button is selected.

# Infant Toddler Early Intervention Program

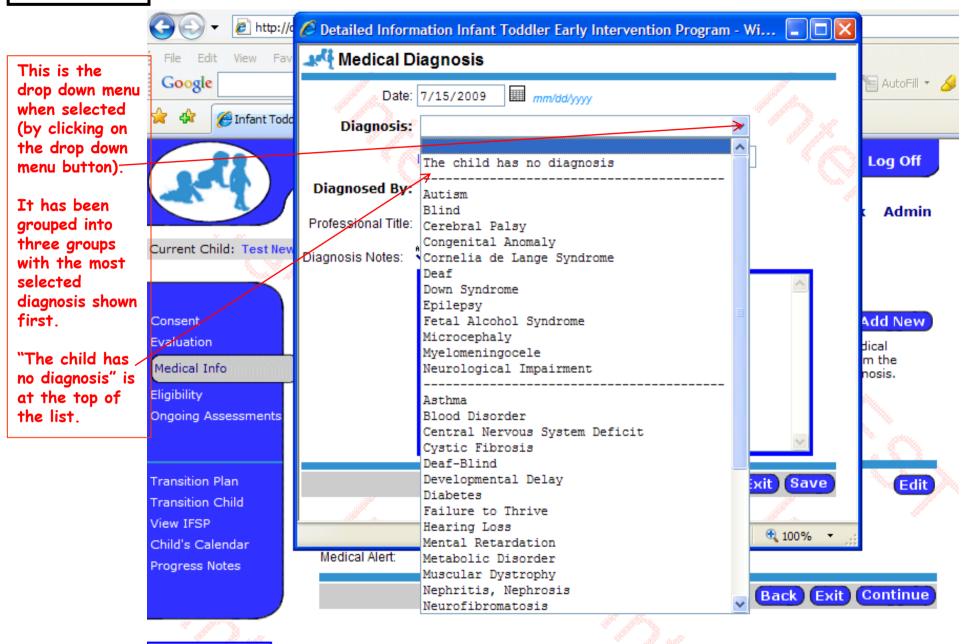
ITEIP Child's Today Calendar Record

Evaluation & Assessment

COSF IFSP Feedback

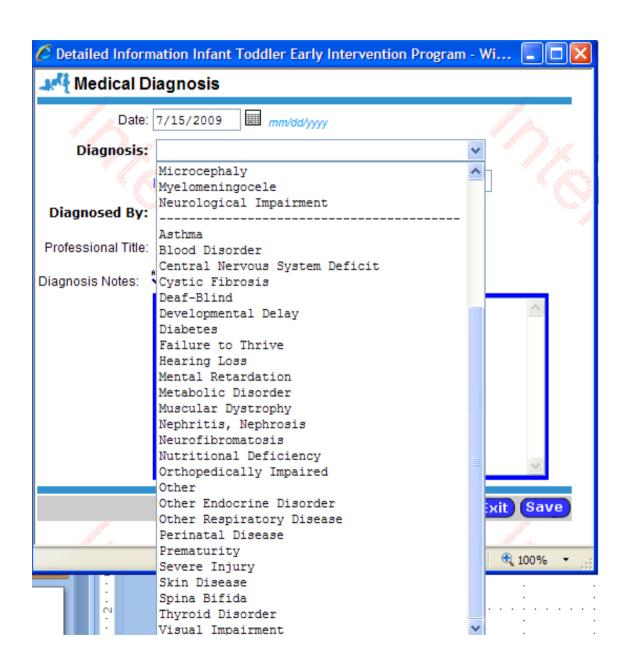
Log Off

Current Child: Test N Detailed Information Infant Toddler Early Intervention Program - Wi... 🖊 Medical Diagnosis Add New Consent mm/dd/yyyy Date: Evaluation nedical Diagnosis: rom the Medical Info agnosis. If Other Diagnosis: Eligibility Ongoing Assessments Diagnosed By: Professional Title: Transition Plan Edit Diagnosis Notes: ♥ Check spelling Transition Child View IFSP Child's Calendar Progress Notes Continue Please Note: All fields are required unless otherwise noted with a blue box Exit Save Frequently Asked. Q Local intranet ₱ 100% ▼ Questions



Please Note:

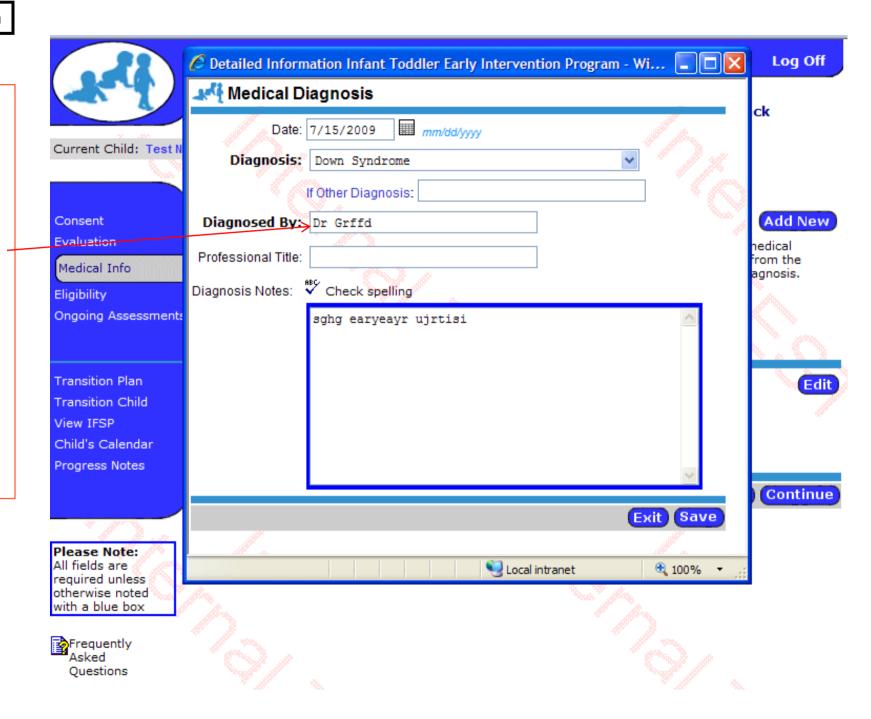
This is the remainder of the drop down menu.



Input screen Infant Toddler Early Intervention Program Log Off Childle Evaluation & When a 💋 Detailed Information Infant Toddler Early Intervention Program - Wi... 📘 🔲 🔀 diagnosis is 👫 Medical Diagnosis selected you Current Child: Test I will get this . > Date: 7/15/2009 mm/dd/yyyy screen. The Date. > Diagnosis: Down Syndrome Diagnosis, -Add New Consent Diagnosed By, If Other Diagnosis: Evaluation nedical and rom the Medical Info Diagnosed By: Dr Frffg aanosis. Professional-Eligibility Title are Professional Title: Ongoing Assessment required to be filled in. The Diagnosis Notes: V Check spelling Diagnosis Notes sdsogj awopdgi WAOg field is Transition Plan Edit optional, but Transition Child can be used to View IFSP fill in or copy Child's Calendar in notes from Progress Notes the qualified examiner. Continue Please Note: Exit Save All fields are required unless otherwise noted with a blue box Local intranet ₫ 100% ▼ Frequently Asked.

Questions

If an entry is made incorrectly, it can be deleted. Here I have entered a diagnosis but have put in the wrong doctor.



I can eliminate the incorrect entry by selecting this \ box and clicking on "Make Checked Diagnosis Inactive".



Calendar Record

Feedback Assessment COSE **IFSP** 

Current Child: Test Newstuff1 Birthdate: 12/12/2008 ID: 52601

Today

#### Medical Information 2

Diagnosis 2

Add New

Log Off

Please Note: Medical diagnosis are required to complete an IFSP. If the child has no medical diagnosis you must still create a diagnosis and choose "The child has no diagnosis" from the diagnosis list. To choose "The child has no diagnosis" you cannot have any active diagnosis.

Diagnosed By: Dr Frffg Date: 7/15/2009 Diagnosis: Down Syndrome

Notes: sdsogj awopdgi WAOg

le Date: 7/15/2009 Diagnosed By: Dr Grffd

Diagnosis: Down Syndrome Notes: sqhq earyeayr uirtisi

Make Checked Diagnosis InActive

՝) ո 😰

Show Inactive Diagnoses

#### Please Note:

Consent

Evaluation

Eligibility

Medical Info

Transition Plan Transition Child

Child's Calendar

Progress Notes

View IFSP

Ongoing Assessments

All fields are required unless otherwise noted with a blue box

Frequently Asked Questions

Other Infor Allergies:

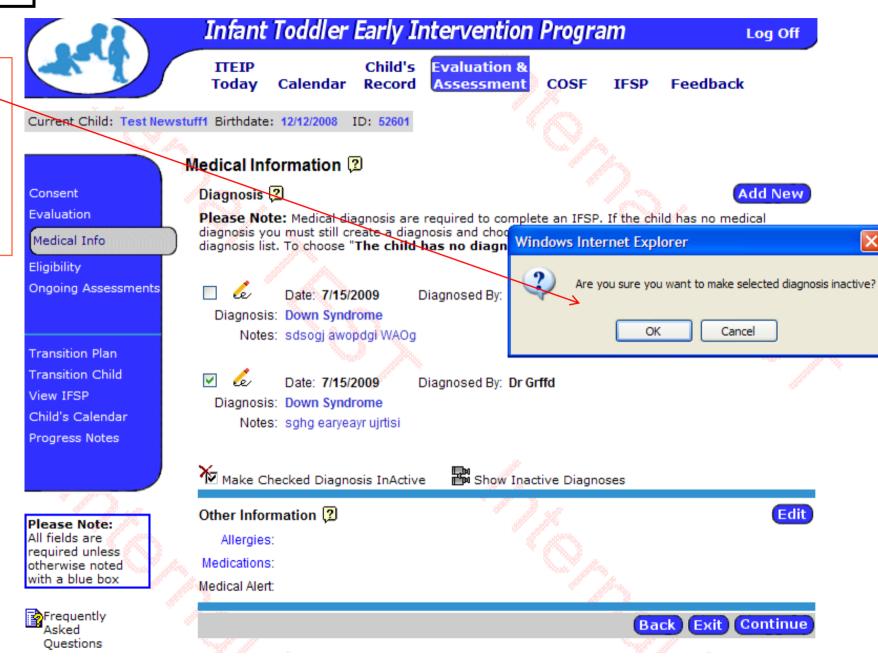
Medications:

Medical Alert:

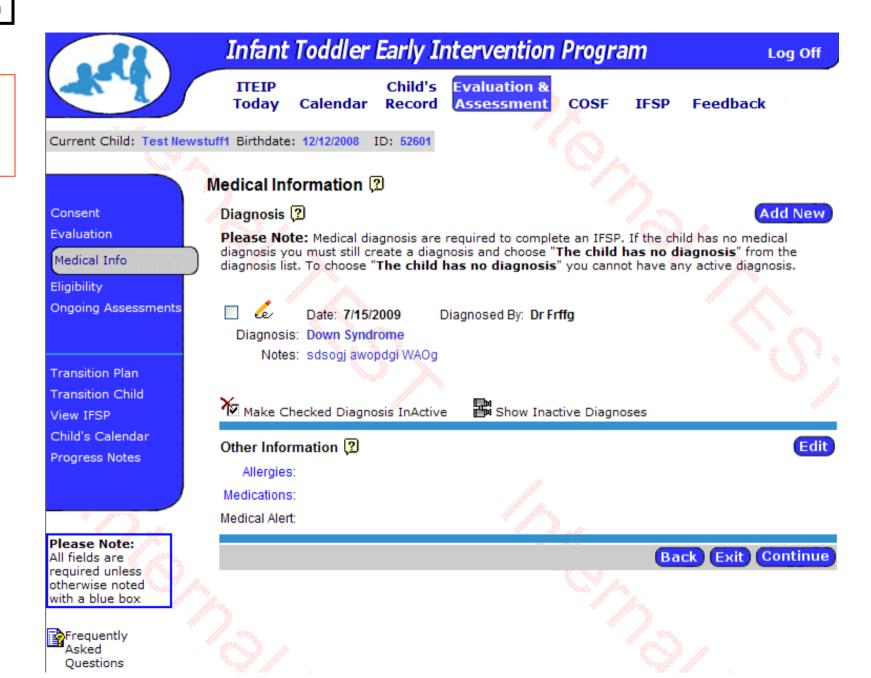
Back Exit Continue

Edit

There is a check to make sure you really want to make the selected diagnosis inactive.



Now we have the correct diagnosis entered.



## There is a field to enter any medical alerts that the team should be aware of.

When selected. the Medical Alert text box is displayed and can then be filled in by pressing the Add New button. When filled in will be displayed on the Child Information Page.

#### Medical Information 2

### Diagnosis 2

Add New

Please Note: Medical diagnosis are required to complete an IFSP. If the child has no medical diagnosis you must still create a diagnosis and choose "The child has no diagnosis" from the diagnosis list. To choose "The child has no diagnosis" you cannot have any active diagnosis.

Date: 11/10/2005

Diagnosed By: Dr Jones

Diagnosis: Cerebral Palsy Notes: Test CP Note

Make Checked Diagnosis InActive



#### Other Information 2

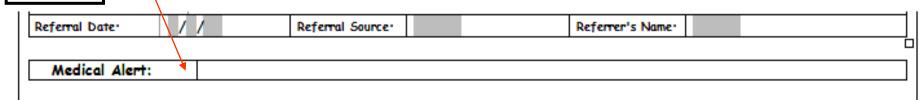
Edit

Allergies: Hay fever

Medications: Aspirin

Medical Alert: Bee sting reaction alert

#### **Printed**



### Medical Information 2 Diagnosis 2 Add New Please Note: Medical diagnosis are required to complete an IFSP. If the child has no medical diagnosis you must still create a diagnosis and choose "The child has no diagnosis" from the diagnosis list. To choose "The child has no diagnosis" you cannot have any active diagnosis. Date: 11/10/2005 Diagnosed By: Dr Jones Diagnosis: Cerebral Palsy Notes: Test CP Note Show Inactive Diagnoses Make Checked Diagnosis InActive Alert will Other Information 2 displayed Allergies: Hay fever Medications: Aspirin Medical Alert: Bee sting reaction alert This page will be displayed by selecting Medical Information on the View/Print IFSP page.

#### Definitions:

Medical

also be

here.

Diagnosis- Medical diagnosis is required to complete an IFSP. If the child has no medical diagnosis you must indicate that there is no diagnosis by choosing "This child does not have a Medical Diagnosis" which is now the first choice on the drop down menu on the Medical Diagnosis Page.

Diagnosed By- The qualified professional who determined the diagnosis.

Professional Title- The title of the person who diagnosed the child.

#### 🚜 Medical Diagnosis **Business Rules** mm/dd/yyyy Date: Required Fields: Diagnosis: Business rules with validation If Other Diagnosis: Required Diagnosed By: Diagnosis Diagnosed by Professional Title: Diagnosis Notes: ♥ Check spelling Required but no business rules validation Date · Professional Title Optional Fields · Diagnosis Note Note: If "The Child Has no Diagnosis" is selected from the drop Exit Save down menu, no other data entry is Other Medical Information required on this page. Allergies: Required but no business rules validation Medical Alert (if appropriate) Medications: **Optional Fields** · Allergies Medications Medical Alert: Exit Save

Next is the Eligibility page in which you to record if the child is eligible for ITEIP services or not. If eligible, fill in the date and the Basis for Eligibility (Based on evaluations and medical diagnosis, describe your reasoning for the child's eligibility.)

The State & Federal Programs/Funding section contains a list of State and Federal programs which are funding sources. Boxes selected on the screen will result in a list of funding sources that can be used when completing the Services.

with a blue box



required unless
otherwise noted

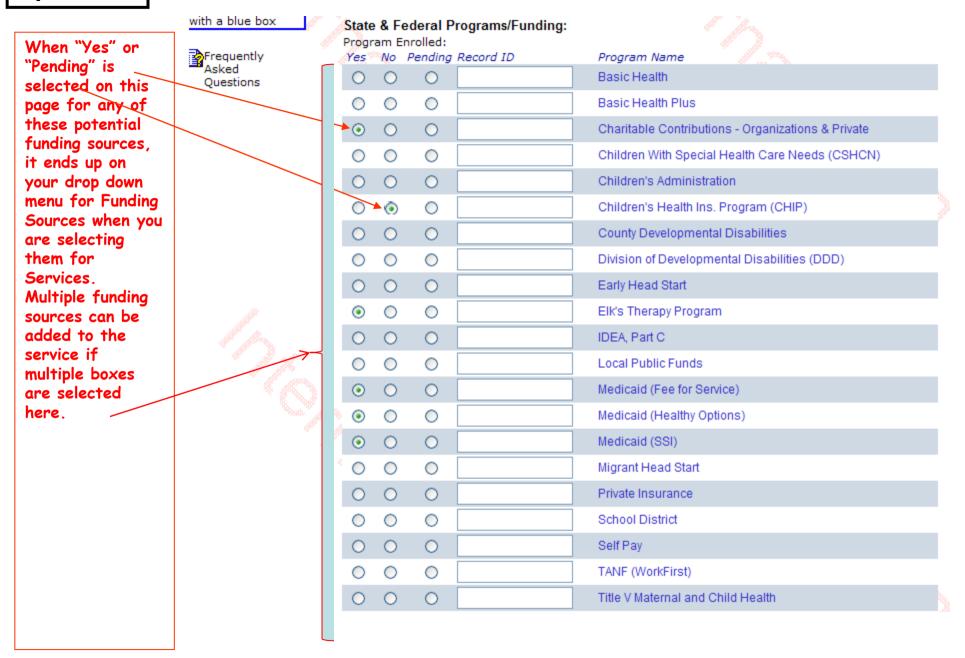
Please check the other programs that New Child FromIntake may be eligible for:

### State & Federal Programs/Funding:

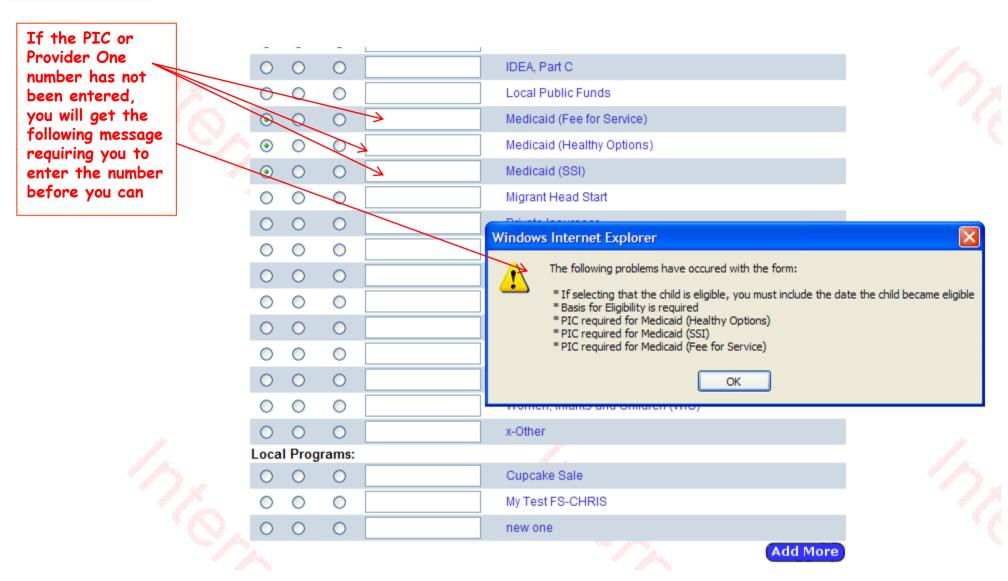
Program Enrolled:

Yes No Pendina Record ID

Program Name



with a blue box State & Federal Programs/Funding: Program Enrolled: When selecting requently Yes No Pending Record ID Program Name one or more sked 0 0 Basic Health Duestions Medicaid funding 0  $\bigcirc$ Basic Health Plus source, a PIC or Provider One Charitable Contributions - Organizations & Private • 0 0 number must be Children With Special Health Care Needs (CSHCN) 0 0 entered in the 0 0 Children's Administration box provided. This has been 0 0 Children's Health Ins. Program (CHIP) requested so the 0 0 County Developmental Disabilities children receiving  $\circ$  $\circ$ Division of Developmental Disabilities (DDD) **ITEIP** services can be matched 0 0 Early Head Start to children in the 0 Elk's Therapy Program Medicaid system as has been IDEA, Part C requested by  $\bigcirc$ Local Public Funds DSHS. • 0 0 Medicaid (Fee for Service) •  $\bigcirc$ Medicaid (Healthy Options) 0 0 Medicaid (SSI) • 0  $\bigcirc$ Migrant Head Start 0 0 Private Insurance 0  $\bigcirc$ School District 0 0 Self Pay  $\bigcirc$ TANF (WorkFirst)  $\bigcirc$ 0 Title V Maternal and Child Health  $\bigcirc$ Tribal Government



#### **Displayed/Printed output**

	Eligibility							
Is little sss eligible for	ITEIP Services?	Yes	Date Child Became Eligible:	10/31/2005				
Basis for Eligibility:	aerarthsrtjdytj							
Tools/Methods Used to Determine Eligibility:	Expressive - Battelle Developmental I	Inventory , Con Itory , Physical Physical - Hear	nmunication - Receptive - Batte - Gross Motor - Battelle Deve ring - Battelle Developmental Ir					

This will include the each Domain from the Level of Development/Function section of the Evaluations Page and the Procedure/Tool Used for each, e.g. Adaptive - Bayley Scales of Infant Development, Cognitive - Battelle Developmental Inventory, etc.

#### Definitions:

Date Child Determined Eligible- The date that the testing has been done for the Initial Evaluation or the child has a medical diagnosis that makes the eligible for ITEIP services.

Basis for Eligibility- Based on evaluations and medical diagnosis, describe why the child is eligible, such as this child has a 33% speech delay and a 27% gross motor delay.

Tools/Methods Used to Determine Eligibility- This will be filled in by the ITEIP Data Management System from the tools/procedures that were entered on the Initial Evaluation page.

This page will be displayed by selecting on the View/Print IFSP page.

### ITEIP DATA MANAGEMENT SYSTEM FUNDING SOURCES DESCRIPTION

FUNDING SOURCE	DESCRIPTION
Basic Health	State offered health care coverage.
Basic Health Plus	State offered health care coverage. The child is enrolled in managed care and has a Medicaid Identification card
Charitable Contributions from Organizations and private contributions	Use this funding source if the funds are used to purchase a specific service for a specific child. Contributions or funding from organizations such as United Way, Lions Club, Kiwanis, Rotary, Scottish Rite, Shriners, foundations, and/or donations and fund raising activities.
Children with Special Health Care Needs (CSHCN)	Diagnostic and treatment funds approved through the CSHCN coordinator. This is not neurodevelopmental center funding. Department of Health funds to neurodevelopmental centers should not be entered here.
Children's Administration	Child abuse and neglect including federal Title IV-E. For example, within a therapeutic child care, may include services such as family training, social worker or transportation services.
Children's Health Ins. Program (CHIP)	State offered health care coverage also referred to as SCHIP. Income limited to 200% - 250% of federal poverty and the child has no private health care coverage. Child has a Medicaid Identification card.
County Developmental Disabilities	Contract from County Human Services agencies for Child Development Services (CDS) for children eligible for DDD.
Division of Developmental Disabilities	Funding for services such as Family Support. Families are <u>not</u> required to use their DDD Family Support funds to pay for early intervention services. This is not Child Development Services funded through a county.
Early Head Start	Head Start program for children birth to three. Funds used for Part C services such as family training, home visits.
Elks Therapy Program	Washington Elks Therapy Program for Children, therapy services provided by an Elks therapist.
IDEA, Part C	Infant Toddler Early Intervention Program (Part C) funding as payer of last resort
Local Public Funds	City, county, local levy, or county government millage
Medicaid (Fee for Service)	This includes services for children who are Medicaid eligible but not enrolled in a Healthy Options plan except when the child is on SSI use Medicaid SSI below The HMC column on the Medicaid Identification card is blank. This includes but is not limited to: the child is new to Medicaid and has not enrolled yet in a Healthy Options Plan; has private insurance as primary coverage; is enrolled in TriWest; is exempt from Healthy Options for various reasons(Native American, CSHCN enrollment); or for some children in foster care. This is the appropriate funding source for any service that gets billed to Medicaid directly even if the child has Medicaid Healthy Options. For example therapies, developmental pediatric evaluation, and some other services at Neurodevelopmental Centers, hearing aids, First Steps and nursing services are excluded from the Healthy Options contract
Medicaid (Healthy Options)	Medicaid eligible and enrolled in a managed care plan. The coupon designates the managed care plan.
Medicaid (SSI)	Receives Medicaid coupon due to SSI eligibility.
Migrant Head Start	Provides services to children birth to five.
Private Insurance	Health care benefit provided to the family through their work or self pay insurance plan.
School District	Child is enrolled in a school district that is providing or contracting for early intervention services.
Self Pay	The family chooses to pay for services or has refused to have their private health care coverage billed and is paying for services. This does not include private health care coverage co-pays, co-insurance, or deductibles.
TANF (WorkFirst)	Services provided to the child to assist the parent to return to work. For example, family training or psychological services.
Title V Maternal and Child Health	May provide care coordination and/or Public Health Nurse services depending on the local health jurisdiction.
Tribal Government	Tribal Government services available to Tribal members.
TRICARE	Health care coverage for military members, dependants, and retirees. Currently administered by TriWest.
Women, Infants and Children (WIC)	Nutrition services
x-Other	Enter a funding source not already on this list that is paying for a required early intervention service. You may not put any of the above funding sources in "Other". If you are not sure, check with your local lead agency.

Required Fields Business rules with validation Required

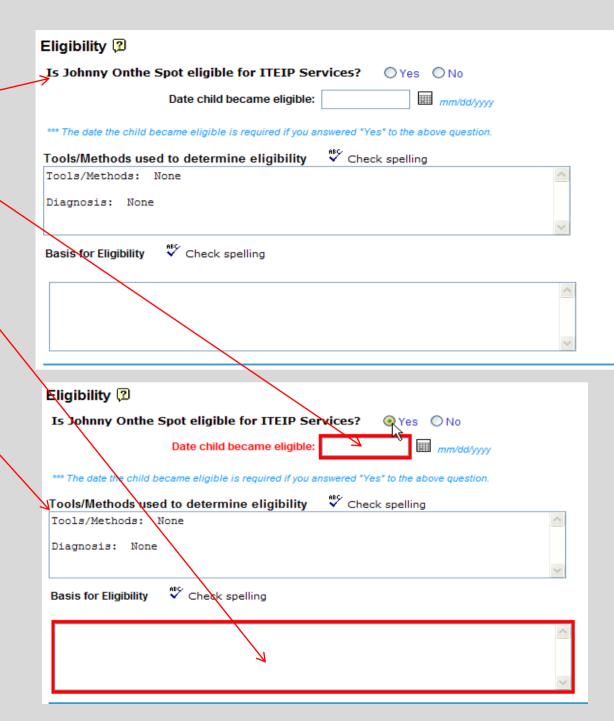
- "Is <child name> eligible for..."
- Date Child became eligible (if above is answered with a "yes"
- Basis for Eligibility must be filled in (if "yes" is answered)

Required but no business rules validation

Tools/Methods used

Tools/Methods Used to Determine Eligibility

Assuming the Eligibility page has not been saved yet, the Tools/Methods box is prefilled in with a list of the tools used in the Initial Evaluations as well as any medical diagnosis. The Tools/Methods part will list the domain and the tools, for example: Adaptive - Bayley Scales of Infant Development and each domain/tool is comma separated.



#### **Business Rules** Please check the other programs that Johnny Onthe Spot may be eligible for: Not Required, but State & Federal Programs/Funding: Program Enrolled: All federal & state programs that are Yes No Pending Record ID Program Name marked with 0 0 Child Care Block Grant "Yes" or $\longrightarrow$ 0 Child Protective Services "Pending", will be added to the child's funding 0 0 Children With Special Health Care Needs (CSHCN) source list automatically. $\bigcirc$ $\bigcirc$ County Developmental Disabilities 0 0 Division of Developmental Disabilities (DDD) If multiple State and Federal $\bigcirc$ $\bigcirc$ Early Head Start funding sources have been 0 0 Elk's Program selected on this screen, multiple $\bigcirc$ $\bigcirc$ Federal Impact Aid funding sources can be added to 0 0 First Steps the service in one entry. $\bigcirc$ 0 IDEA, Part C 0 0 Indian Health Services 0 $\bigcirc$ Medicaid (Healthy Options) 0 0 Medicaid (SSI) 0 $\bigcirc$ Medicaid CAP Waiver 0 Other $\bigcirc$ $\bigcirc$ School District (State Funding) 0 0 TANF $\bigcirc$ $\bigcirc$

Title IV-E



For additional information about entering the COSF on the ITEIP Data Management System, ITEIP please access the COSF training on the ITEIP Web Site – http://www.dshs.wa.gov/ppt/adsa/iteip/COSF\_Training%203-27-09.ppt

Panarte & Forme 2

The letter 'T' ( $\mathbf{T}$ ) next to the child's name indicates that the

#### **Child Outcome Summary Detail** Child's COSF History: New Form (New) Date: 9/23/2008 COSF Type: Entry Save Child Information Name: New Child FromIntake Child ID: 49894 Date of Birth: 7/26/2007 Persons Involved Add Role Person Family Information (Check all that apply) Received in team meeting Collected separately Incorporated into assessment 1. POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS) To answer the questions below, think about the child's functioning in these and closely related areas (as indicated by assessments and based on observations from individuals in close contact with the child): 1a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? Overall Not Age Appropriate **Overall Age Appropriate**

Rarely uses age

expected skills

Somewhat

The COSF entry screen allows you to select the correct form (Entry, Ongoing or Exit), fill it in and save it. See the COSF training on the ITEIP

Web site-

http://www.dshs.wa.gov/iteip/DataSysAndTrain.html.

Uses some

immediate

Not Yet

Emerging

Completely

Uses age

expected skills

	Child Outcome S	ummary Detail						
	Child's COSF History	Child's COSF History:						
	(New) COSF Type: Entry	✓ Date:	9/23/2008				Save	
	Child Information Name: New	Child FromIntake	(	Child ID: 49	9894 Date of E	Birth:	7/26/2007	
ed to be led in by	Persons Involved A	<u>idd</u>		Role	•			
deSmart	Family Information (Check all that apply	)						
	☐ Collected separa	-						
		stions below, think	about the child's fur	CIAL RELATIONSHII nctioning in these a act with the child):		areas (as indicated l	by assessments	
	1a. To what extent	1a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome?  Overall Not Age Appropriate  Overall Age Appropriate						
	O Not Yet	Uses some immediate	Emerging	Rarely uses age expected skills	O Somewhat	Uses age expected skills	Completely	

 $\underline{\text{http://www.dshs.wa.gov/iteip/DataSysAndTrain.html}}.$ 

The next series of screens are; IFSP Checklist, Family Statement, Funding Sources, Outcomes & Services and IFSP Team Members.



The IFSP Checklist Infant Toddler Early Intervention Program Loa Off screen is where **ITEIP** Child's Evaluation & you start filling Today Calendar Record Assessment COSF IFSP Feedback Admin in the IFSP Detailed Information Infant Toddler Early Intervention Program - Microsoft Inter... details. This 🖊 IFSP Checklist 🔞 screen will tell urrent Child: test IFSP2 Birthdate: 09/09/2006 ID: 49892 you which Current Child: test IFSP2 Birthdate: 09/09/2006 ID: 49892 Individualized Family Servic fields you need to complete IFSP Stage Initial FSP Checklist before the Have the Procedural Safeguards/Parents' Rights been explained? O Yes O No amily Statement Current IFSP 2 IFSP can be unding Sources Did the parents participate in the IFSP?: O Yes O No Completion Date IFSP Sta completed. utcomes & Services 2/15/2008 Initial Have the parents signed the IFSP?: Oyes ONo When all FSP Team Members Primary Service Setting: required fields Home have been IFSP History 2 filled in, you ransition Plan Please click on the IFSP's histor IFSP Due By: 10/24/2007 can check the ransition Child Completion Date "This IFSP is iew IFSP This IFSP is complete: (All required IFSP information has been filled in) hild's Calendar completed" box and fill in the rogress Notes Date Parents Signed IFSP/Completion Date: 2/15/2008 **IFSP** Cause for delay beyond 45 days: 

Exceptional Child/Family Reason Other completion Reason: jtdeykjt jk date. Please Note: All fields are required unless otherwise noted Document Locations/Comments: with a blue box

#### 🚚 IFSP Checklist 💈 **Business Rules** Current Child: Johnny Onthe Spot Birthdate: 03/17/2004 ID: 15597 Required Fields IFSP Stage Initial V Business rules with validation Have the Procedural Safeguards/Parents' Rights been explained? Oyes ONO Required · IFSP Stage Did the parents participate in the IFSP?: Oyes ONO · "Have the Procedural Safeguards Have the parents signed the IFSP?: O Yes O No been.." Primary Service Setting: Required but no business rules validation IFSP Due By: 01/19/2006 • "Did the parents participate..." Before you can complete this IFSP, the following must be completed: • "Have the parents sign..." All Evaluations for all Domains must be entered. · Primary Service Setting This IFSP must have services and funding sources assigned. A Medical Diagnosis must be entered or 'No Medical Diagnosis' must be selected. Other Validation This IFSP is complete: (All required IFSP information has been filled in) In order to enter the IFSP Completion Date and check the "This Date Parents Signed IFSP/Completion Date: IFSP is complete" box, the following must be stored: · All Initial Evaluations must be Document Locations/Comments: entered (100%) · The IFSP must have at least one service with a funding source · A Medical diagnosis must be entered or "No Medical Diagnosis.." Exit Save must be selected · An Entry COSF must have been

# Other Rules:

completed and Saved.

IFSP Stages

On the very first IFSP, there are only 2 options available: Interim and Initial.

Once the IFSP is saved as an Initial, the Interim option goes away. An Interim IFSP CANNOT be completed.

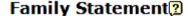
Once the initial IFSP is completed, the only stages available are: Team Amendment (new) and Annual

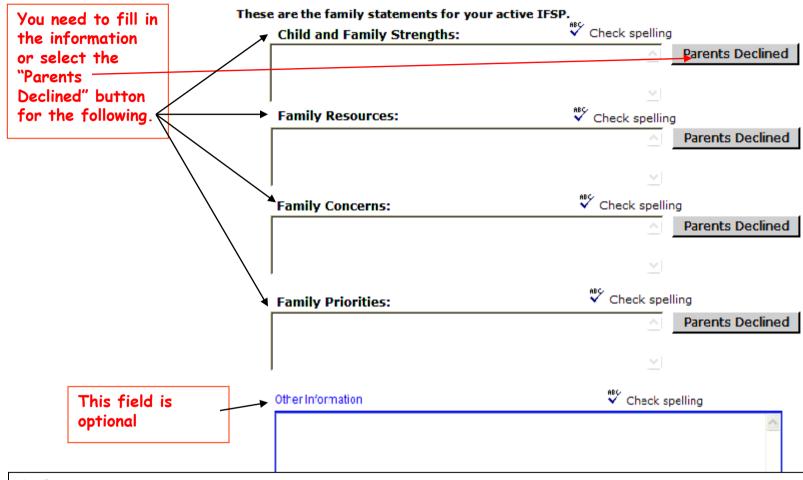
Required but no business rules validation

Assuming the Eligibility page has not been saved yet, the Tools/Methods box is prefilled in with a list of the tools

The next screen is the **Family** Statement. The Family Statement includes information about strengths, concerns, family resources. their priorities and possibly other information.







### Definitions:

Child and Family Strengths- A place for the family to identify what their child does well, and the things their family enjoys.

Family Resources- The abilities and supports that are available to meet family concerns, needs and priorities.

Family Concerns- Concerns, are defined as an awareness that there is a discrepancy between what is and what ought to be (by observation or opinion). It is often "what bothers me."

Family Priorities- are defined as the family's agenda and choice for how early intervention will be involved in family life. Priorities are those needs considered to be most important/urgent because of the potential for relieving a problem, anxiety, etc. or for establishing a healthy foundation for other efforts to come.

Other Information- consists of information the family wish to have included that has not been expressed in the boxes above. Parents Declined- Parents did not wish to complete this section.

# **Displayed/Printed output**

These definitions will be printed on the IFSP and will be included in FRC Training, the ITEIP Data Management System Training and in Help Boxes on the System.

displayed by

Family Statement

IFSP page.

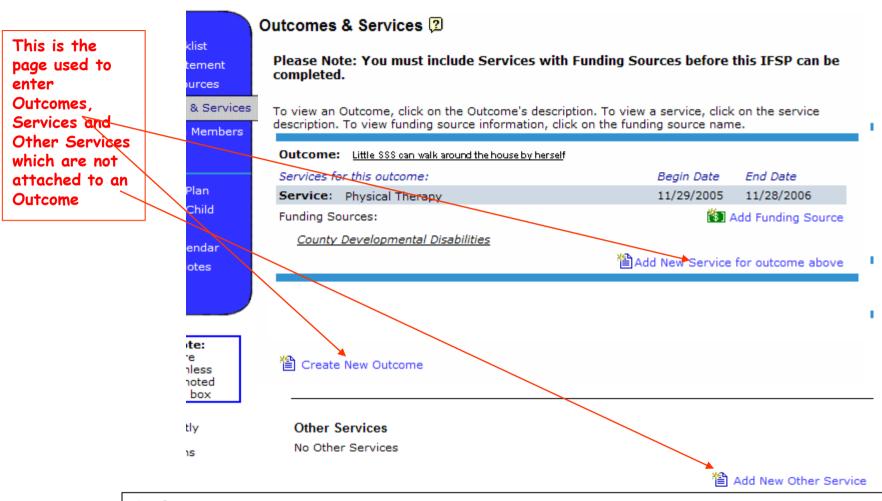
on the View/Print

selecting

Child's Name: little sss IFSP Type: Annual Review IFSP Completed Date: 11/29/2005 Family Statement (Information about our family and child): Child and Family Strengths: Things my child does well. What pleases us most about out child what things are going well for our child and family right now. The people, places and activities our family enjoys. How do I describe my child? Family Resources: Our family resources include: people, activities, programs and/or organizations that are sources of support, (mom and tots group, faith communities, recreation programs) Family Concerns: What concerns me about my child's development? (daily routines, interactions with adults) What information, resources or support do I need or want for my child and/or family? (Home, work, insurance, doctor, services, transportation etc.) Family Priorities/Outcomes: My hopes and dreams for my child. What is most important for me and my child right now? My top priorities/outcomes for my child during the next year. This page will be Other Information: (Optional) Additional information I would like IFSP team members to know about my child and family. Routines we participate in or would like to do. What are my family's and child's daily routines.

77

The transition steps & services have been identified and included on the plan



### Definitions:

Add Outcome- This is the button you press to start the Outcomes Wizard that will lead you through the process of recording the child's outcomes.

Add Services- This button, when pressed will bring up the Services Wizard.

Add Other Service- This button will bring up a screen for you to add Other Service. Other Services are defined as those services not covered under IDEA, Part C.

Outcome - a measurable, functional statement of what is to be achieved in one years time and is meaningful to the family and team. It should be descriptive enough to allow the IFSP team and family to quickly identify the outcome to be achieved.

Objective (Not available for input of information)- Is still on the Outcomes input page, but data cannot be entered into it. Information that was entered previously can be copied from the Objective box and pasted into another box. Criteria- description of what is used to determine whether the outcome has been achieved. What criteria will be used to determine if the outcome is met or progress has been made. "How do you know or measure progress and when the outcome has been met?"

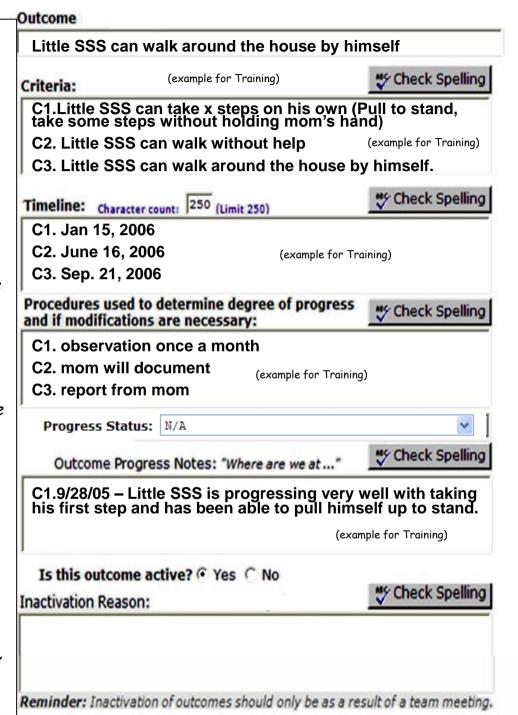
Timelines- enter the target date for achieving the outcome. This is one year (or less if child is turning three before the end of one year).

Procedures used to determine degree of progress and if modifications are necessaryExamples are: observation, video tapes, functional assessment.

Progress Status (optional)- can be used to enter information, but is not printed on the IFSP.

Outcome Progress Notes- Progress notes regarding the child's progress toward meeting the outcome.

**Inactivation Reason**- fill in an explanation for why the outcome is no longer pertinent and note IFSP date for this change.



# Displayed/Printed output

Child's Name: <u>little sss</u>	IFSP Type: <u>Annual Review</u>	IFSP Completed Date: <u>12/05/2005</u>
	Outcomes & Services	
	Outcome(s)	
Outcome (Outcomes based on family priorities)	Little SSS can walk around the house by himself	
Criteria: (Observable action/measurable or behavior to show that progress is being made)	C1.Little SSS can take $\times$ steps on his own (Pull to C2. Little SSS can walk without help C3. Little SSS can walk around the house by hims	o stand, take some steps without holding mom's hand)
Outcome Timelines: (1 year or less if the child will turn 3 before the end of one year)	C1. Jan 15, 2006 C2. June 16, 2006 C3. Sep. 21, 2006	
Procedures: (used to determine degree of progress and if modifications are necessary. Examples are: observation, video tapes, functional assessment)	C1. observation once a month C2. mom will document C3. report from mom	
Outcome Progress Notes:	C1.9/28/05 – Little SSS is progressing very well himself up to stand.	with taking his first step and has been able to pull

This page will be displayed by selecting Outcomes and Services on the View/Print IFSP page.



Add Outcome - This is the button to bring up the Outcomes Wizard to enter a new Outcome. New Service - After you have added an Outcome, you can press this button to bring up the Services Wizard Page.

Add Other Service- This button will bring up a screen for you to add Other Service. Other Services are defined as services that are not one of the EIS services covered under IDEA Part C.

#### Definitions:

Type of Service (category)- The Service Category field contains a list of available services that are Early Intervention Services under IDEA Part C. If a type of service does not appear on the drop down list, select "Other" from the list and type in the service in the available field below the service category list.

**Service Provider**- The Service Provider is the name of the person and their title that is providing the service selected from the service category list.

Date Begin- This is the date that the service is scheduled to start. If exact dates are not know at the time of creating the service, enter an approximate date. The date can be modified at a later time when the exact dates are known

Date End- This is the date that the service is scheduled to end This date will be one year (365 days) (or less if the child is turning three). One year example. If for one year and the Service starts on June 1, it will end on May 31.

Actual Start Date - This is the actual day this service started. If the service starts 30 days past the IFSP completion date, a field opens where you can enter the reason the service started later than 30 days. You can select that the reason was due to Exceptional Child or Family reasons, which will not add to the late count for this child.

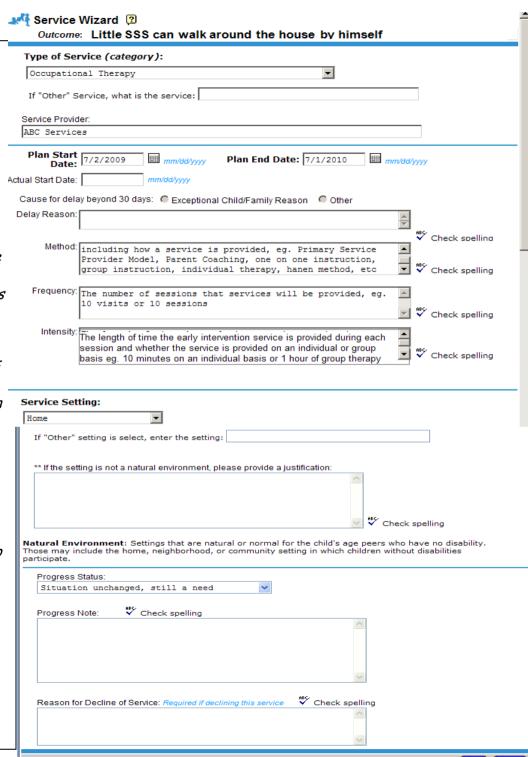
**Method**- The procedures or plans followed to accomplish the outcomes including how a service is provided

**Frequency**- The number of sessions that service will be provided **Intensity**- The length of time the service is provided during each session and whether the service is provided on an individual or group basis

Service Setting- The location or place that the service will be provided. Select a setting from the drop down menu. If Other is selected type in the setting. If the setting is not a natural environment, please provide a justification.

**Progress Note**- notes pertaining to the status of the progress of the child.

Reason for Decline of Service- a reason why the service was declined.



### **Detailed Definitions:**

Date Begin- This is the date that the service is scheduled to start. If exact dates are not know at the time of creating the service, enter an approximate date. The date can be modified at a later time when the exact dates are known

Date End- This is the date that the service is scheduled to end This date will be one year (365 days) (or less if the child is turning three). One year example. If for one year and the Service starts on June 1, it will end on May 31.

Actual Start Date - This is the actual day this service started. If the service starts 30 days past the IFSP completion date, a field opens where you can enter the reason the service started later than 30 days. You can select that the reason was due to Exceptional Child or Family reasons, which will not add to the late count for this child.

**Method**- The procedures or plans followed to accomplish the outcomes including how a service is provided

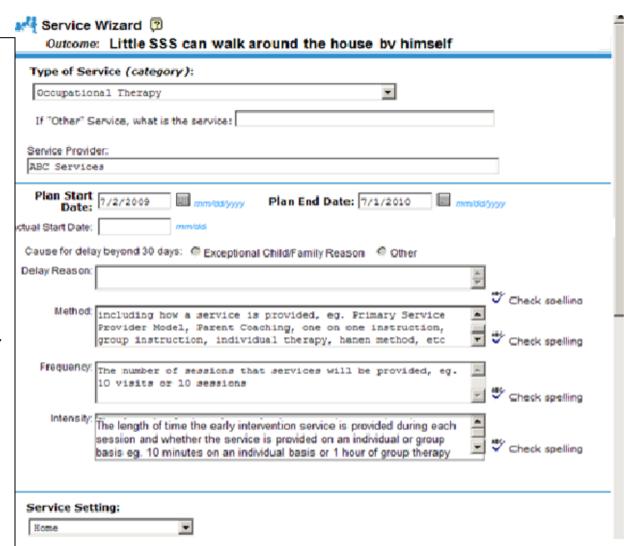
**Frequency**- The number of sessions that service will be provided

Intensity- The length of time the service is provided during each session and whether the service is provided on an individual or group basis

Service Setting- The location or place that the service will be provided. Select a setting from the drop down menu. If Other is selected type in the setting. If the setting is not a natural environment, please provide a justification.

**Progress Note**- notes pertaining to the status of the progress of the child.

Reason for Decline of Service- a reason why the service was declined.



# **Displayed/Printed output**

#### Service(s) to meet this Outcome

					iooloj to	moot		Jacomio		
Service 1	Type:	Physical Therap	у							
(The name of the	e perso	/Agency Name: on and/or agency	XYZ Center	XYZ Center						
that is providing the services selected										
from the service agency list.										
(Procedu accomplish the ou	tcomes	Method: plans followed to s including how a rvice is provided)	Home visits ar	Home visits and work with PT and mom to help Little SSS take steps						
Age	ency:									
l .	ation:	11/29/2005 t	o 11/28/2006		Frequen			1 Visit per week for	Intensity	1 hour each visit
(Service start an	d end Dates			- 1	(How off		,	one year	(How long per	
		11			Service	occurs,	)		session)	
Location (Of this Service If setting is not a n		Home								
environment, please pro										
justification for why the se										
can not be provided in a n										
environ										
Service Progress N	otes:									
Reason P	arent									
Declined Se										
(Required if decl	linina									
this se										
Funding Source:	Count	ty Developmento	l Disabilities		ount:		Fund	ling Approval Date:		
(for this service)				(opti	ional)					
Motory										
Notes:										
			T	his	page w	vill be	dis	played by selec	ting	
						/D ·		200	_ Ot	10

on the View/Print IFSP page.

Outcomes and Services

### Definitions:

Funding Source- Select the funding source for the service on the IFSP from the drop down list.

Funding Approval Date-The date the funding source amount was approved.

Notes - Notes that apply to the specific funding source selected.



Add Outcome - This is the button to bring up the Outcomes Wizard to enter a new Outcome. New Service - After you have added an Outcome, you can press this button to bring up the Services Wizard Page.

Add Other Service- This button will bring up a screen for you to add Other Service. Other Services are defined as services that are not one of the EIS services covered under IDEA Part C.

Outcome - a measurable, functional statement of what is to be achieved in one years time and is meaningful to the family and team. It should be descriptive enough to allow the IFSP team and family to quickly identify the outcome to be achieved.

Objective (Not shown and not available for input of information)- Is still on the Outcomes input page, but data cannot be entered into it. Information that was entered previously can be copied from the Objective box and pasted into another box.

Criteria- description of what is used to determine whether the outcome has been achieved. What criteria will be used to determine if the outcome is met or progress has been made. "Hw do you know or measure progress and when the outcome has been met?"

Timelines- enter the target date for achieving the outcome. This is one year (or less if child is turning three before the end of one year).

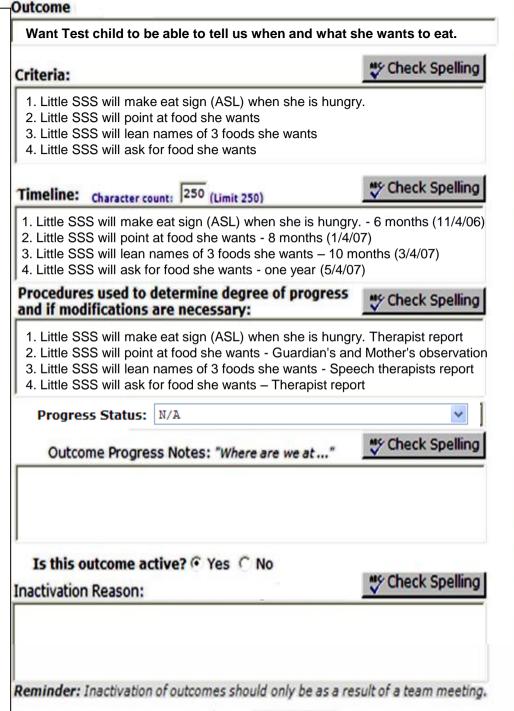
Procedures used to determine degree of progress and if modifications are necessary-

Examples are: observation, video tapes, functional assessment.

Progress Status (optional)- can be used to enter information, but is not printed on the IFSP.

Outcome Progress Notes- Progress notes regarding the child's progress toward meeting the outcome.

**Inactivation Reason**- fill in an explanation for why the outcome is no longer pertinent and note IFSP date for this change.



### Definitions:

Type of Service (category)- The Service Category field contains a list of available services that are Early Intervention Services under IDEA Part C. If a type of service does not appear on the drop down list, select "Other" from the list and type in the service in the available field below the service category list.

**Service Provider**- The Service Provider is the name of the person and their title that is providing the service selected from the service category list.

Date Begin- This is the date that the service is scheduled to start. If exact dates are not know at the time of creating the service, enter an approximate date. The date can be modified at a later time when the exact dates are known

Date End- This is the date that the service is scheduled to end This date will be one year (365 days) (or less if the child is turning three). One year example. If for one year and the Service starts on June 1, it will end on May 31.

Actual Start Date - This is the actual day this service started. If the service starts 30 days past the IFSP completion date, a field opens where you can enter the reason the service started later than 30 days. You can select that the reason was due to Exceptional Child or Family reasons, which will not add to the late count for this child

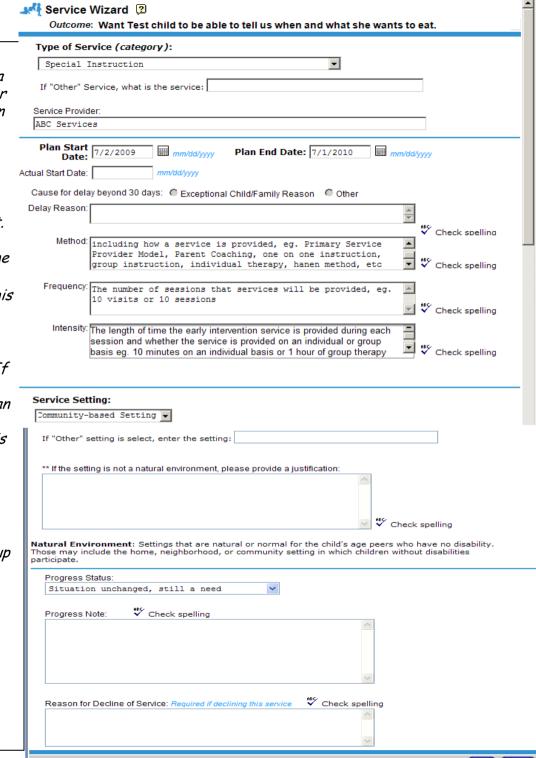
**Method**- The procedures or plans followed to accomplish the outcomes including how a service is provided

Frequency- The number of sessions that service will be provided Intensity- The length of time the service is provided during each session and whether the service is provided on an individual or group basis

Service Setting- The location or place that the service will be provided. Select a setting from the drop down menu. If Other is selected type in the setting. If the setting is not a natural environment, please provide a justification.

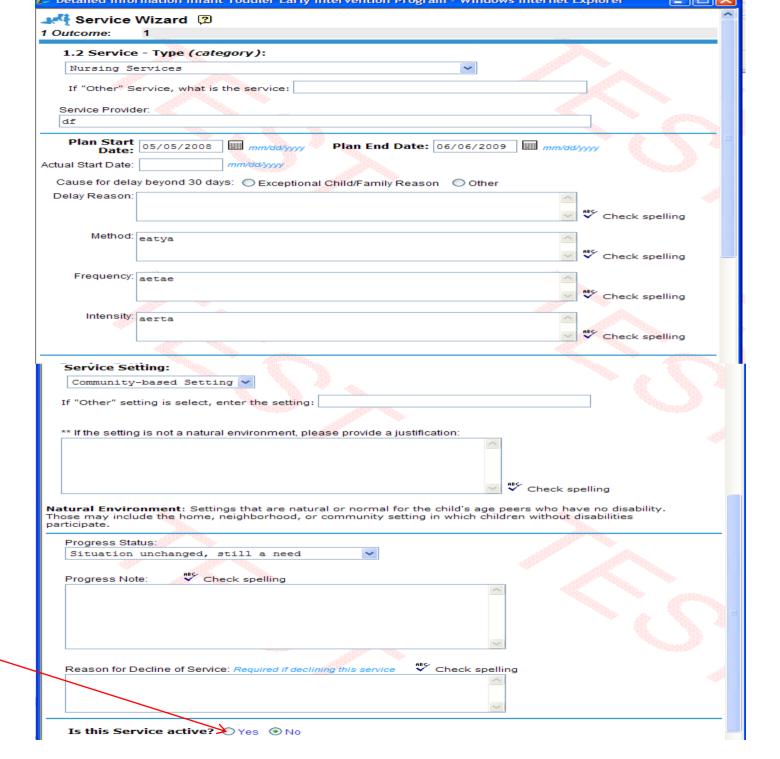
**Progress Note**- notes pertaining to the status of the progress of the child.

Reason for Decline of Service- a reason why the service was declined.



You can inactivate a service if the family decides they don't want it and the team agrees or if the child was transitioned to you from another county and the service had not started. In this case the non started services (ones without Actual Start Date entered) in the old IFSP and an Annual IFSP would be created for this child

To inactivate the service, click this button.



Inactivated
Services
and/or
Outcomes are
indicated by
the red
Inactive.
If
necessary,
they can be
reactivated by
clicking Yes at
the bottom of
the Service
Wizard screen.

You can select if you want the inactivated Services displayed on the View/Print IFSP page.

IFSP Checklist Family Statement Funding Sources

Outcomes & Services

IFSP Team Members

Transition Plan
Transition Child
View IFSP
Child's Calendar
Progress Notes

Please Note:
All fields are
required unless
otherwise noted
with a blue box

Frequently Asked Questions Please Note: You must include Services with Funding Sources before this IFSP can be completed.

To view an Outcome, click on the Outcome's description. To view a service, click on the service description. To view funding source information, click on the funding source name.

1 Outcome: 1

Services for this outcome: E

Begin Date End Date

1.1 Service: Family Training, Counseling, and Home Visits 09/01/2008 09/01/2009

Funding Sources:

Add Funding Source

Add Funding Source

Division of Developmental Disabilities

Medicaid (Fee for Services)

Early Head Start

Elk's Therapy Program

Services for this outcome: Begin Date End Date

Inactive 1.2 Service: Nursing Services 05/05/2008 06/06/2009

Funding Sources:

Early Head Start

Add New Service for outcome above

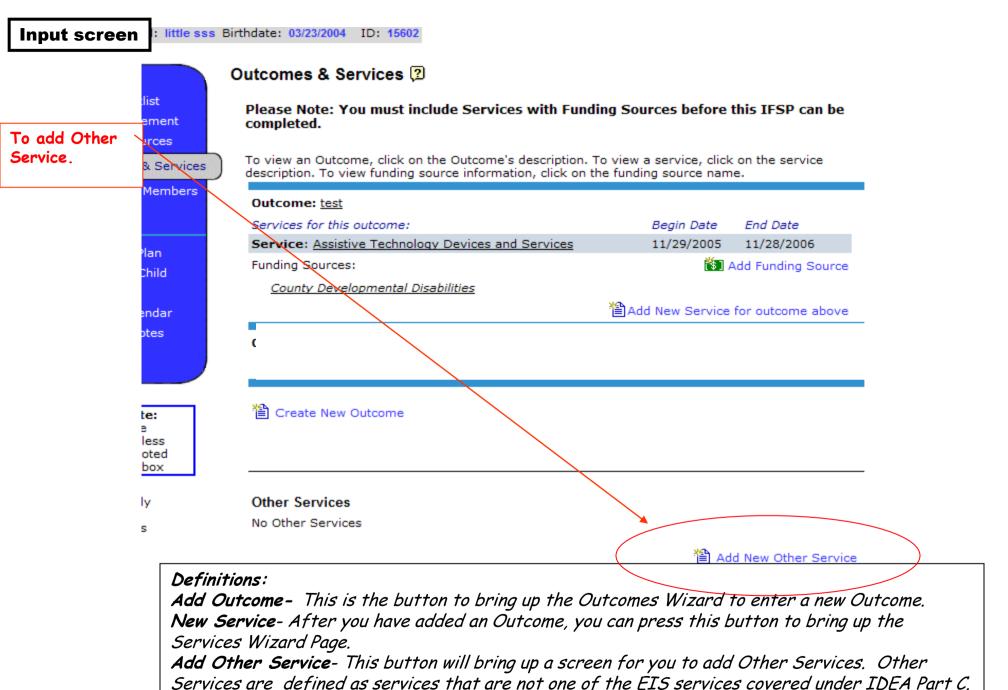
Inactive 2 Outcome: tettt

Services for this outcome: Begin Date End Date

Inactive 2.1 Service: Vision Services 04/04/2008 05/05/2009

No Funding Sources Added

Add Funding Source



# **Displayed/Printed output**

Other services are those not tied to an Outcome. For example church buss service or community support services for the family that are not EIS services.

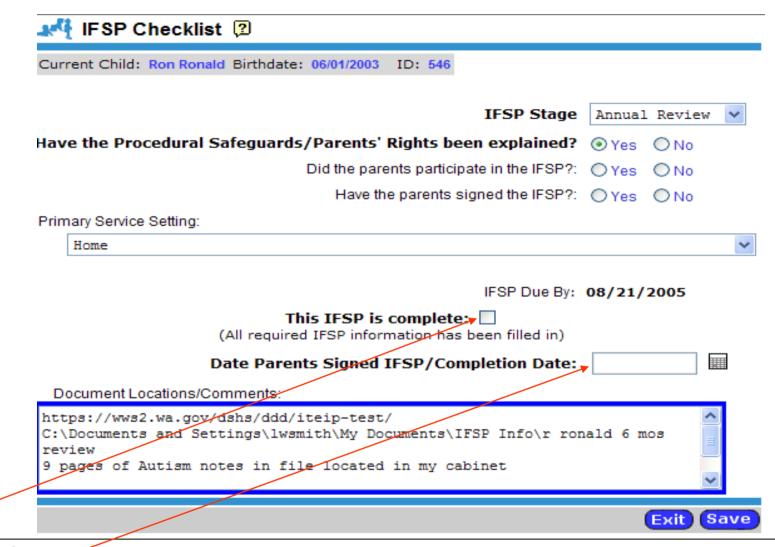
Everything except the Service Type is optional.

	Other Service(s)						
Service Type:	Free Church bus to p	play time center					
Service Provider (The name of the perso that is providing the s from the ser	n and/or agency						
(Procedures or p accomplish the outcomes ser							
Agency:							
<b>Duration:</b> (Service start and end Dates	09/09/2004 to 09	9/09/2005	Frequency: (How often Service occu	rs)		Intensity (How long per session)	
Location (Of this Service):	Service Provider Lo	cation		•			
If setting is not a natural environment, please provide a justification for why the service can not be provided in a natural environment:  Service Progress Notes:	Service only provide	ed at service p	orovider locat	ion			
Reason Parent Declined Service: (Required if declining this service)							
Funding Source: (for this service)	Early Head Start		-	optional)		Funding Approval Date:	
Notes:							
Funding Source:	School District (Sto	ate Funding)	I	optional)		Funding Approval Date:	

This page will be displayed by selecting Outcomes and Services on the View/Print IFSP page.

At the request of users and the **IFSP Format** Work Group, the rules currently in the ITEIS Data Management System will remain. We will review them to see which, if any, we want to remove. The required boxes will all be red and the optional boxes will be black.

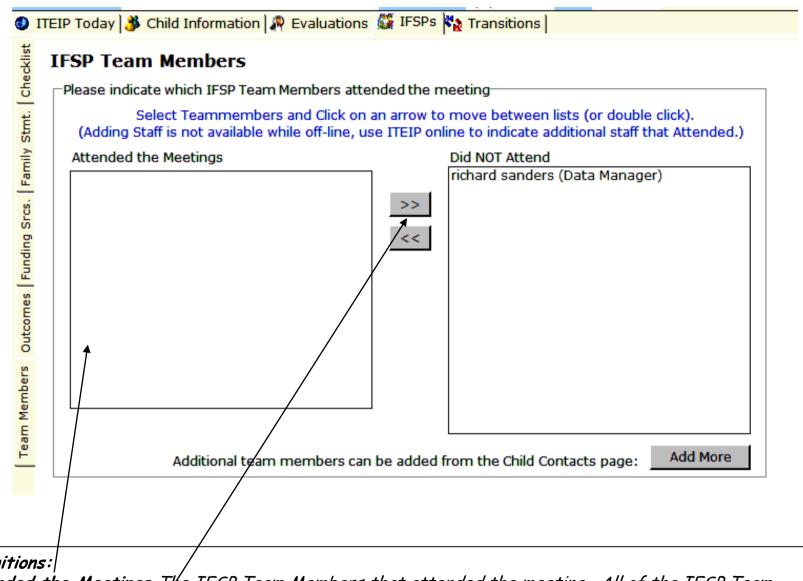
Before an IFSP can be counted for state and on the federal reports the "This IFSP is complete:" box must be checked and an IFSP completion date must be filled in.



# Definitions:

IFSP Stage- Select one of the following IFSPs: Interim, Initial, Team Amendment or Annual. Primary Service Setting- This field is used to record the one main primary service setting for the current IFSP. The Primary Service Setting is the location the child is in for most of the services. The list is limited to the Service Settings you selected in the IFSP services. This field is important as it is used to calculate the Primary Service Settings for the state and federal December 1 counts reports

**Date Parents Signed/Completion Date**-The date the Parent(s)/Guardian(s) signed the IFSP document. **Documents Location/Comments**- The location of other documents associated with this IFSP



Attended the Meetings-The IFSP Team Members that attended the meeting. All of the IFSP Team Members entered into the ITEIP Data Management System will be on this side of the page. Did NOT Attend- Move over the IFSP Team Members that DID NOT attend the meeting

Child's Name:	little sss	IFSP Type: Annual Review	IFSP Completed Date:	12/05/2005

# **Displayed/Printed output**

#### IFSP Signature Page

Procedural Safeguards

Parents have the right to:

- An evaluation and assessment of their child
- · Agree to or refuse evaluations, assessments and services
- · Confidentiality of personal and identifiable information
- · Review and correct records
- . An Individualized Family Service Plan (IFSP) based on the family's resources, priorities and concerns.
- Be invited and participate in meetings concerning their child's placement in early intervention services and assessments or changes in those services

I am aware of my rights and procedural safeguards within the ITEIP/IDEA Part C program and agree with the full content of this IFSP.

Parent/0	Guardian:			Date:		
Parent/0	Guardian:			Date:		
Family Resources Coordinate	tor (FRC):			Date:		
Comments & Location of Oth	ner Document(s):					
IFSP Team Members		Attender (y or N)	Phone #	Role	Signature (if prese meeting)	nt at Receive Copy? (Y or N)
Other individuals the family w	rishes to have a copy	of this IFSP				
	Can mark man					
	See next pag	e for descript	แบกร			
				I	-	

# IFSP Signature Page Definitions:

**Procedural Safeguards**-The Procedural Safeguards are summarized here to make sure the Parent/Guardian is aware of their rights. The FRC must share the Procedural Safeguards at the IFSP meeting.

I am aware statement- The parent/guardian is indicating that they understand and agree to the entire IFSP.

Location of Other Documents) - The location of other files or records that are part of family's information, but have not been entered in the ITEIP Data Management System.

Attended (Y or N)- Signifies that the person named here either attended or did not attend the IFSP Meeting.

Phone #- Primary contact phone number of the person named.

**Role-** Their responsibility or function as either part of the IFSP Team or in regards to the child and family..

Signature (if present at the meeting)- The signature of the attending person named on this document. Receive Copy? (Y or N)- Will or did the person receive a copy of the IFSP.

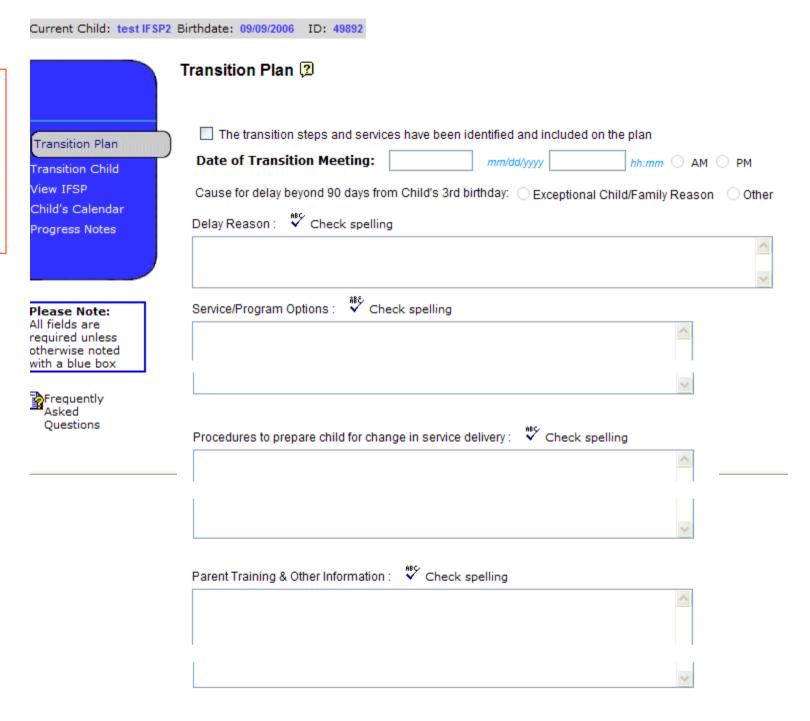
Other Individuals the family wishes to have a copy of this IFSP- Persons designated by the family other than those named here that will get a copy of this IFSP.

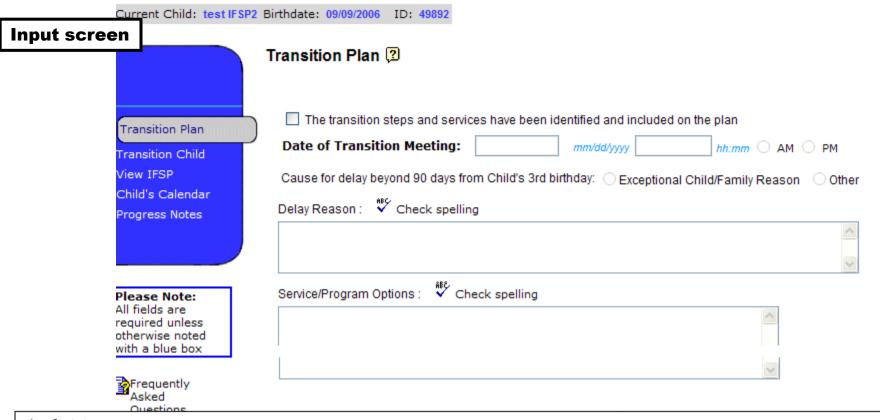
**Physician**- A place to indicate that the family wants the primary care physician to receive a copy of the IFSP.

**Referral Source**- place to indicate that the family wants the referral source to receive a copy of the IFSP.

This page will be displayed by selecting	IFSP Signature Page
on the View/Print IFSP page.	

The transition
Plan is used to
record the plan
that will be used
for the child and
family when the
child is preparing
to exit from
ITEIP.





The Transition steps and services have been identified and included in this plan- The Transition Plan includes the steps required and the services needed to accomplish this transitioning plan.

Transition Meeting Date- This is the date (90 days prior to the child's third birthday) the transition meeting was actually held. This is the "official" transition meeting, which includes the transition planning process, including the signing of the transition plan by the parent. Since the transition meeting also includes the transition planning process, both the Transition Plan Due and the Transition Plan Meeting calendar events will have, as the completed date, the date entered in this field. Note: A calendar event is added to the system for the child at the point the child becomes a referral. This calendar event is scheduled for six months before the child's third birthday and the notification of the transition meeting. This is a reminder to notify the appropriate school district of the upcoming meeting.

Service/Program Options- The service/program options for the child from the day the child turns three through the remainder of the school year.

**Procedures to prepare child for change in service/program**- The activities to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting.

**Parent Training & Other Information**-Parent training & other information regarding future placements and matters related to the child's transition, including the local school district determination of eligibility.

# How to fill in Transition Plan screen when parents decline the meeting

On the Transition Plan screen for a family that don't want a transition planning meeting. you can check the transition steps and services have been identified and included on the plan box and enter the date you talked to the parents regarding the transition planning meeting. Put some kind of note on the plan stating that parents declined the meeting. If the date is late due to the parents, check the Exceptional Child/Family bax and explaing in the Delay Reason box.

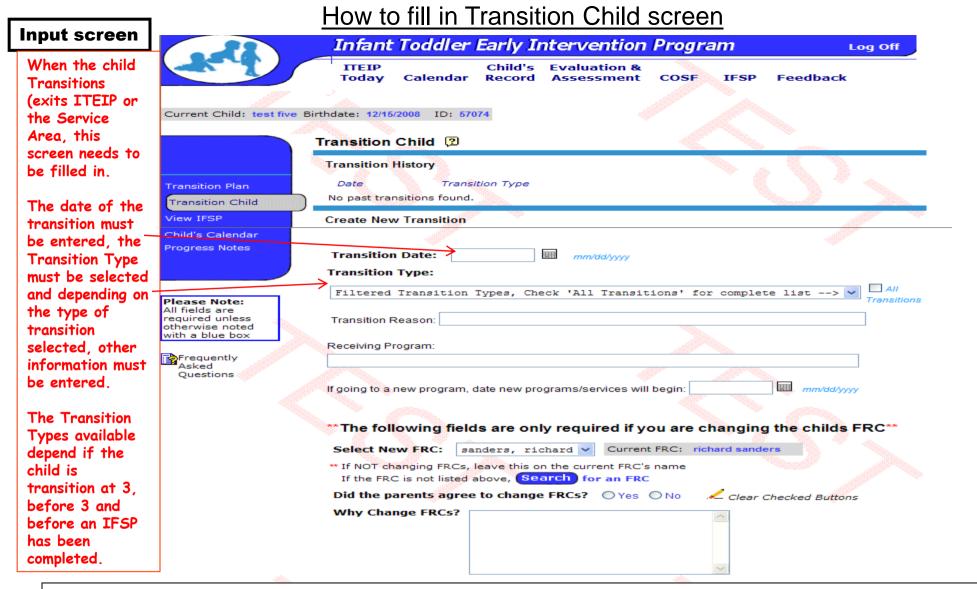


Child's Name: little sss IFSP Type: Annual Review IFSP Completed Date: 12/05/2005 **Displayed/Printed output** Transition Plan Transition Plan Meeting Date: Service/Program Options: Procedures (including steps) to Prepare Child for change in service/program: Parent Training & Other/Family Information: Child's Name: <u>little sss</u> IFSP Type: Annual Review IFSP Completed Date: 12/05/2005 Transition Plan Signature Page I am aware of our rights and procedural safeguards withing ITEIP/IDEA Part C program and agree with the full content of this Transition Plan. Parent/Guardian Date Parent/Guardian Family Resources Coordinator (FRC) Name Date Agency/Phone Signature Other Individuals the family wishes to have a copy of this Transition Plan Agency/Phone Name Date Signature This page will be displayed by selecting Transition Plan on the View/Print IFSP page Definitions:

Transition Plan Signature Page- Required for completion of Transition Planning.

Other Individuals the family wishes to have a copy of this Transition Plan- Anyone the family wants to have a copy.

layed/Printed output					
	Other	r Meetings Signature Pa	nge		
eting:					
endee's Name	Date	Agency/Phone	Signature		
	·	•	•		
		This page will be disp	layed by selecting		
	on the View/Print IFSP page.				
	'	on the view/Print Irs	or page.		
Definitions:					



**Transition Date**- The date of this Transition. This date should not be a future date.

Transition Type- See next page

Receiving Program - The name of the program the child will be transitioning into.

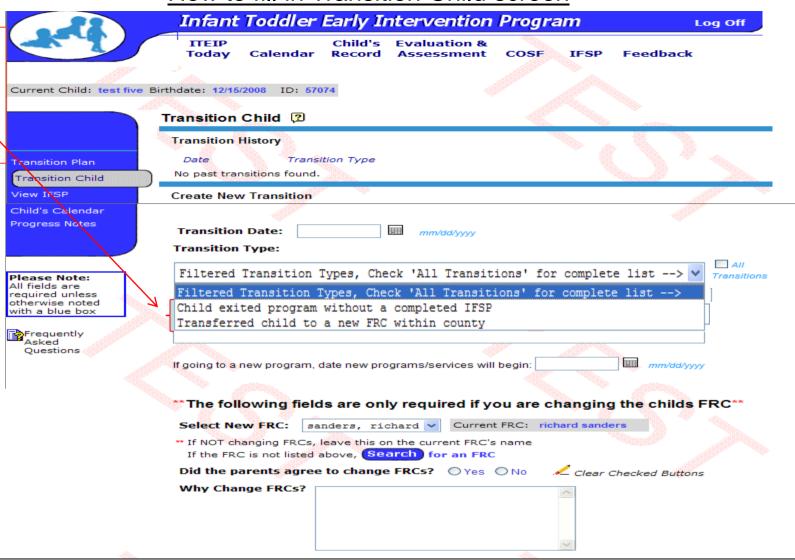
Select New FRC- Required if you are changing the child's FRC. You can select one from your agency or from another agency.

Did parents agree to change FRCs-Parents must agree before transferring child.

# How to fill in Transition Child screen

# If the child does not have a completed Initial IFSP, the following options are available.

Input screen



### Definitions:

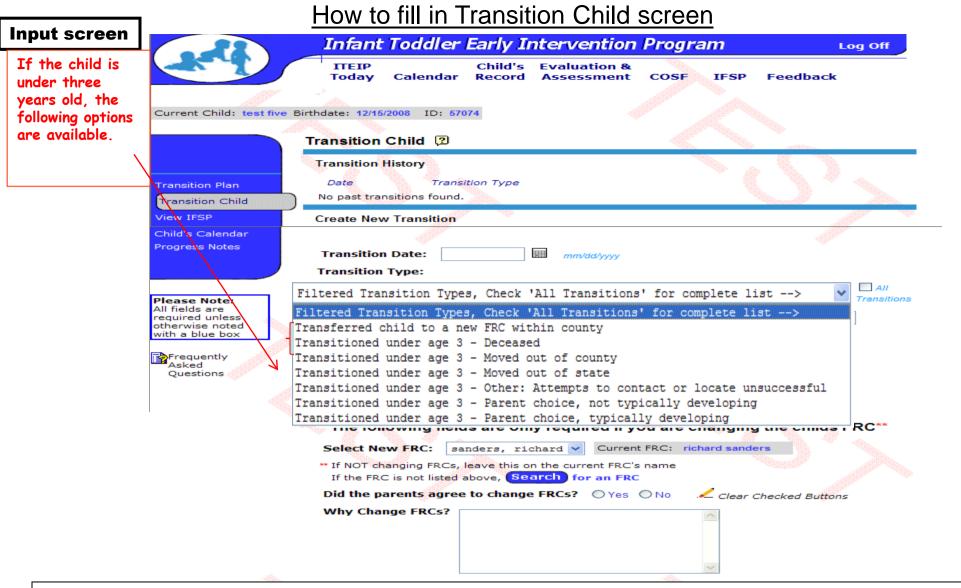
Transition Date- The date of this Transition. This date should not be a future date.

Transition Type- See next page

Receiving Program - The name of the program the child will be transitioning into.

Select New FRC- Required if you are changing the child's FRC. You can select one from your agency or from another agency.

Did parents agree to change FRCs-Parents must agree before transferring child.



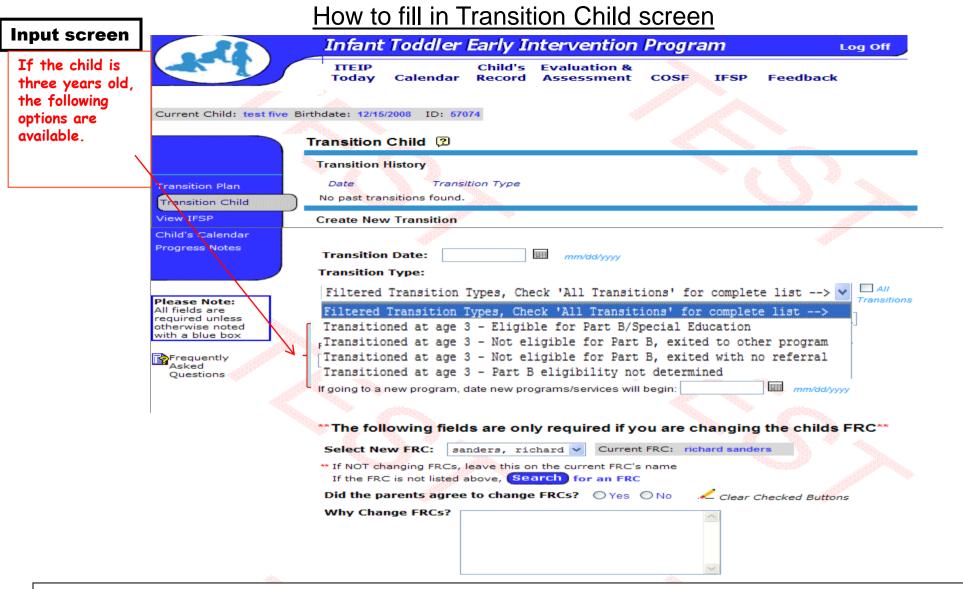
Transition Date- The date of this Transition. This date should not be a future date.

Transition Type- See next page

Receiving Program - The name of the program the child will be transitioning into.

Select New FRC- Required if you are changing the child's FRC. You can select one from your agency or from another agency.

Did parents agree to change FRCs-Parents must agree before transferring child.



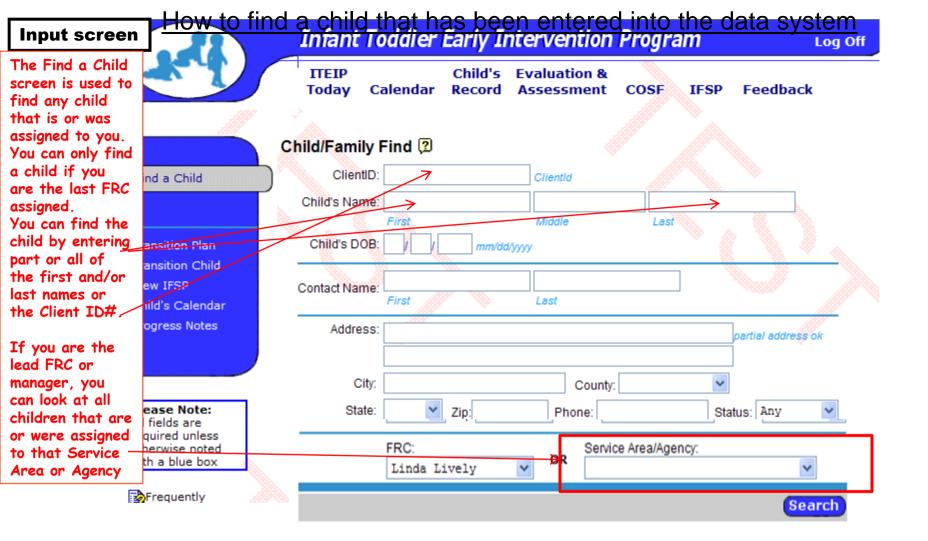
Transition Date- The date of this Transition. This date should not be a future date.

Transition Type- See next page

Receiving Program - The name of the program the child will be transitioning into.

Select New FRC- Required if you are changing the child's FRC. You can select one from your agency or from another agency.

Did parents agree to change FRCs- Parents must agree before transferring child.



### Create New Transition

Transition Date: ### mm/dd/yyyy
Transition Type:
Child exited program without a completed IFSP
Transferred child to a new FRC within county
Transitioned at age 3 - Eligible for Part B/Special Education
Transitioned at age 3 - Not eligible for Part B, exited to other program
Transitioned at age 3 - Not eligible for Part B, exited with no referral
Transitioned at age 3 - Part B eligibility not determined
Transitioned under age 3 - Deceased
Transitioned under age 3 - Moved out of county
Transitioned under age 3 - Moved out of state
Transitioned under age 3 - Other: Attempts to contact or locate unsuccessful
Transitioned under age 3 - Parent choice, not typically developing
Transitioned under age 3 - Parent choice, typically developing

Definitions - **Transition Type -** Below are the definitions of transition types.

- **1. Child exited program without a completed IFSP** Include all children that left the program before their IFSP was completed.
- **2.** Transferred child to a new FRC within county. Include all children who transfer within the county (Lead Agency). This could be children transferring to another FRC in the same agency or to a known FRC in another agency within the same county if services are known to be continuing.
- 3. Transitioned at age three Eligible for Part B/Special Education. Include all children served in Part C who exited Part C and were determined to be eligible for IDEA Part B during the reporting period. This includes children who receive Part B services in conjunction with Head Start.
- 4. Transitioned at age three Not eligible for Part B, exited to other programs. Include all children who reached maximum age for Part C, were determined not eligible for IDEA Part B, and were referred to other programs, which may include preschool, Head Start (but not receiving Part B services), or child care, and/or were referred for other services, which may include health and nutrition services, such as WIC.
- **5. Transitioned at age three Not eligible for Part B, exited with no referral**. Include all children who reached maximum age for Part C and were determined not eligible for Part B services, but were not referred to other programs.
- 6. Transitioned at age three Part B eligibility not determined. Include all children for whom Part B eligibility has not been made. This category includes children who were referred for Part B evaluation, but for whom the eligibility determination has not yet been made or reported and children for whom parents did not consent to transition planning. Include in this category any child who reached maximum age for Part C, and who has not been counted in categories 2-4 above.

- 7. Transitioned under age three Deceased. Include all children who died during the reporting period, even if their death occurred at the age of exit.
- 8. Transitioned under age three Moved out of County. Include all children who moved to another County (Lead Agency) during the reporting period. Report all children who moved within State (i.e., from Lead Agency to another) if the agency or FRC is known.
- **9. Transitioned under age three Moved out of State**. Include all children who moved out of State during the reporting period. Do not report a child who moved within State (i.e., from one program to another) if services are known to be continuing.
- 10. Transitioned under age three Other: Attempts to contact or locate unsuccessful. Include all children who have not reached the maximum age of service under Part C, who had an active IFSP, and for whom Part C personnel have been unable to contact or locate the family or child after repeated, documented attempts. Include in this category any child who did not complete their IFSP and exited Part C before reaching maximum age, and who has not been counted in categories 7-9 above and 11 below. Note: It is recommended that a child be transitioned if you cannot contact the Parent/Guardian for at least 60 days.
- 11. Transitioned under age three Parents choice, not typically developing. Include all children whose parents declined all services after an IFSP was in place, as well as children whose parents declined to consent to IFSP services and provided written or verbal indication of withdrawal from services.
- **12.** Transitioned under age three Parents choice, typically developing. Include all children who have not reached maximum age for IDEA, Part C, have completed their IFSP, and no longer require services under IDEA, Part C.

When sorted by Services, this will be the display - don't display Services that the parent has declined

				Service(	5)			
Service #1·	Associated Outcomes: 1. 2.	Service Provider/Age ncy	Method (Procedures or plans followed to accomplish the outcomes including how a service is provided)	Duration (Start Date/End Date)	Frequency (How often)	Intensity (Ho Long)	w Service Setting (Where)	Funding Source
Service #2	Associated Outcomes: 1. 2. 3.	Service Provider/Age ncy	Method (Procedures or plans followed to accomplish the outcomes including how a service is provided)	Duration (Start Date/End Date)	Frequency (How often)	Intensity (Ho Long)	w Service Setting (Where)	Funding Source
Service #3·	Associated Outcomes: 1.	Service Provider/Age ncy	Method (Procedures or plans followed to accomplish the outcomes including how a service is provided)	Duration (Start Date/End Date)	Frequency (How often)	Intensity (Ho Long)	Service Setting (Where)	Funding Source

This is not displayed as part of the IFSP.

### Definitions:

**Sorted by Service Option**- There is an option on the IFSP Checklist Page where you can select to have the Outcomes and Services sorted by Services. In this case each unique Service would be listed once and the associated Outcomes all listed under Associated Outcomes.

This page will be displayed by selecting Sort by Services on the View/Print IFSP page.

# **Example – from test system**

Printed

Child's Name - Little SSS\_

\_\_IFSP Completed Date \_\_<u>3/23/2004</u>\_

Service	Associated Outcomes	Service Provider	Method	Duration	Frequency	Intensity	Service Setting	Funding Source(s)
Special Instruction	Little SSS will be able to dress herself without assistance.	Very Good, educator	Home educator will provide caregiver support and strategies to assist in increasing developmental skills.	02/01/2007 - 05/15/2007	Weekly visits	1 hour	Home	School Distriction County Developmental Disabilities x-Other
	Little SSS will feed herself with utensils, foods which she has requested.	Very Good	Home educator will provide caregiver support and strategies to assist in increasing developmental skills.	02/01/2007 - 05/15/2007	weekly visit	1 hour	Home	School District County Developmental Disabilities x-Other
	Little SSS will effectively communicate her wants and needs across partners and environments.	Very Good, educator	Home educator will provide caregiver support and strategies to assist in increasing developmental skills.	02/01/2007 - 05/15/2007	Weekly visit	1 hour	Home	School District County Developmental Disabilities x-Other
Speech/Langua ge Pathology	Little SSS will effectively communicate her wants and needs across partners and environments.	Very Qualified, SLP	Provide support and strategies to assist in increasing language skills.	02/01/2007 - 05/15/2007	Consultative, on an as needed basis	n/a	Home	School District Medicaid (Fee for Services) County Developmental Disabilities x-Other

There are items you need to be aware of on the View/Print IFSP page: 1) Include Cover Page -Prints a cover page that does not contain the name of the child and has agency information, 2) Print IFSP - this will combine all the federal and state required fields into one document and mark the document as an IFSP, more fields can be added to the document by checking the appropriate box on this page. New options are: COSF History. Include Inactive (Services).

Select Sections of the IFSP Process to Display for Printing Check the box next to the section of the IFSP process you would like to be displayed: 6 Month Review IFSP Created: 09/28/2009 Completed: 09/23/2008 Transition Plan Transition Child Child's Record Evaluations & Assessments IFSP Document Child Information IFSP Checklist View IFSP **Evaluation Consent** Team Members & Info Initial Evaluations Family Statement Child's Calendar Outcomes & Services Progress Notes Other Information Assessments (original) Include Inactive FRC Information Ongoing Assessments IFSP Meeting Attendees Medical Information Progress Notes Transition Plan Eligibility Procedural Safeguards Please Note: Transition History COSF History All fields are Select All required unless IFSP Signature Page Print IFSP otherwise noted with a blue box Print Blank Meeting Form Sort by Services Frequently Asked Ouestions Old IFSP Format (Do not use for Include Cover Page printed IFSP) 围 Agency Logo: Include blank spaces for notes Landscape (HTML) Print Format Click on 🗓 to view available agency logos. View

### New Definitions:

Current Child: Test Test2 Birthdate: 07/24/2007 ID: 57038

Print Cover Page- Checking this box will add a cover page to the printed IFSP document (see following page).

Print IFSP- Checking this box will pre-select all federal and state required fields and print them on an IFSP document. This document will be labeled as an IFSP. Other fields may be selected by checking the appropriate box.

Select all- Checking this box will display and print all of the information entered about the child and family.

Sort by Services-Checking this box will display/print Outcomes and Services sorted by Service(s).

IFSP Signature Page- This will display/print the IFSP Signature Page.

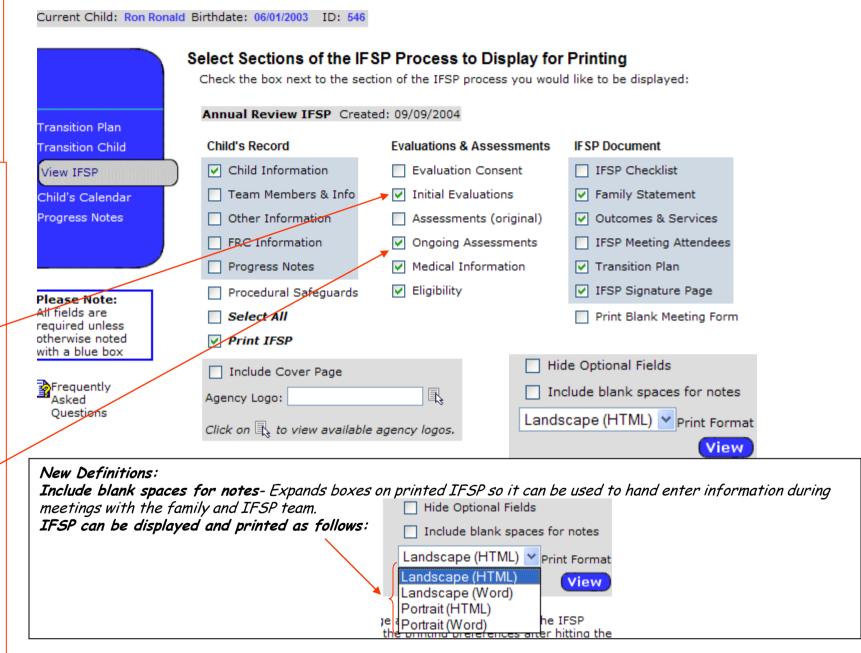
Print Blank Meeting Form- This will display/print the Other Meeting Form.

Location of Other Documents (future) - This will display/print the location of other documents associated with this IFSP.

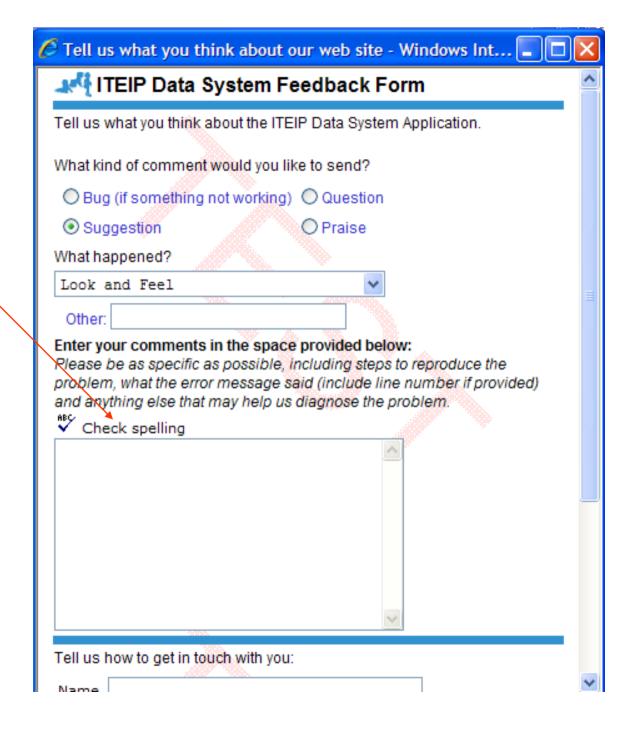
View/Print
IFSP page with
Print IFSP
selected. You
will not be able
to deselect
these, but you
may add more.

If this is the Initial IFSP and no Ongoina Assessments have been entered into the ITEIP Data Management System, Initial Evaluation will be automatically selected. If you have entered Ongoing Assessments, the Ongoing Assessments will be automatically selected. You can also choose to print the Initial **Evaluation** by clicking the

box.



One Final
Thing.
Feedback now
has a Spell
Checker.



# Printed

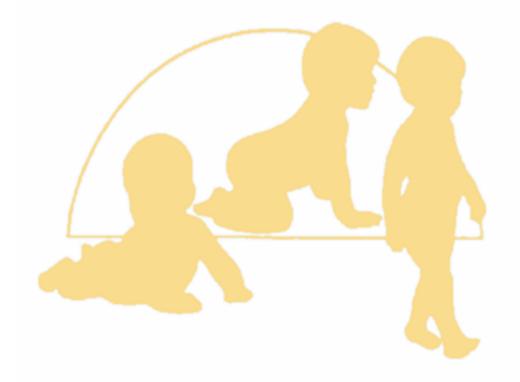
If the Print Cove Page box on the View/Print IFSP page has been checked, this pag will be the first page of the printed IFSP. Th page will contain the type of IFSP (Interim, Initial, Team Amendment or Annual) and th date this IFSP w completed. If the box is not checke the first page of the printed IFSP will be the Child **Information Page** If you want agen information included on this page, you must give ITEIP the information you want included on all of your IFSPs The Local Lead Agency makes thi decision. The agency or provide will not be able t add this information to th System.

	5P types:
Inter	IFSP Completed Date
Inition Team	Individualized Family Service Plan (IFSP)
s Washing	n State Infant Toddler Early Intervention Program
ey	Birth to Three Program of Lacey  123 3 <sup>rd</sup> 5t.  Lacey, Wa. 98513  Contact- Judy Johnson  Phone(360) 555-5555  Email - Judy@wa.com
	Zinan Judyewa.com
5	to courtery of the Department of Social and Health Services Infant Toddler Early ervention Program funded by the Individuals with Disabilities Education Act.
	This page will be displayed by selecting Print Cover Page on the View/Print IFSP page.
:	

# Individualized Family Service Plan (IFSP)

# Thank You

Washington State Infant Toddler Early Intervention Program



If you want you Agency logo here, send a jpeg of your logo and contact information to ITEIP to have it included in the ITEIP DMS.

Logo courtesy of the Degartment of Social and Health Services Infant Toddler Early Intervention Program funded by the Individuals with Diabilities Education Act.